

CHEMIST & DRUGGIST

the newsweekly for pharmacy

a Benn publication

April 30 1983

**Whithier: why
pharmacy
must be on
guard**

**PA asks DHSS
for legal position
on parallel
importing**

**Greenfield:
pharmaceutical
UK future?**

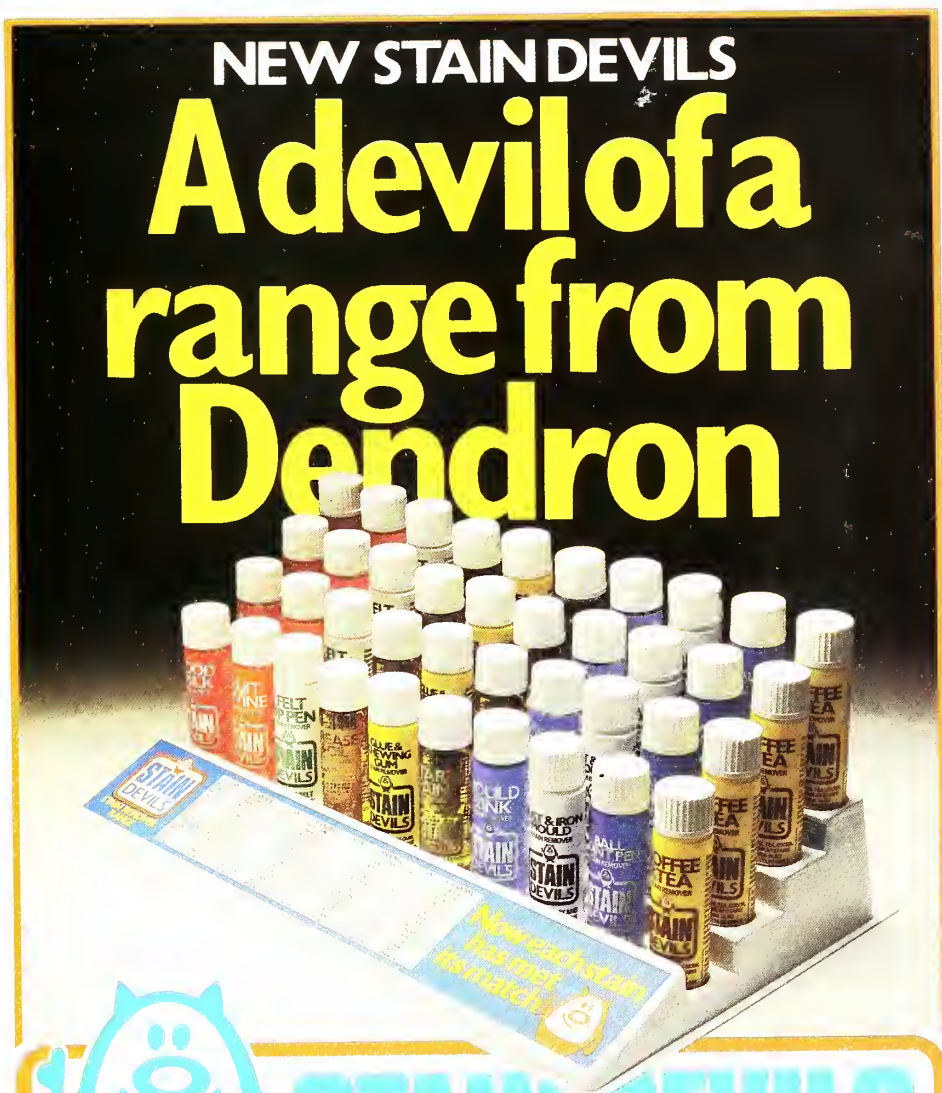
**Sumner Mark Malta
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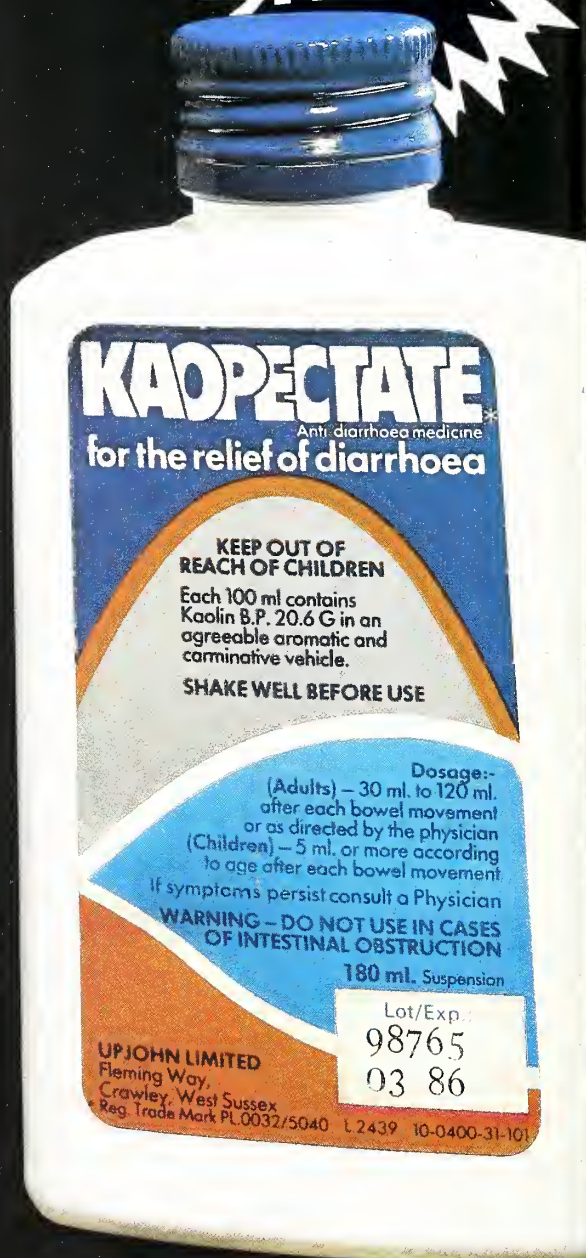
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CONTENTS

Clothier benefits 'up to pharmacists'

PSNC subcommittee set up 744

Parallel importing

NPA asks DHSS to clarify legal position as EEC gives its blessing 745
...and PSNC say 'no' 746

Clinical pharmacy:

cancer part 3 756

Computer labellers

Special feature 771

Numark Malta Convention

784

Greenfield...

Has industry a UK future 790

Comment 743

People 745

Topical reflections by Xrayser 747

Counterpoints 749

Prescription specialties 755

Letters 789

Business news 790

Coming events; appointments 792

Classified advertisements 793

COMMENT

No parallel

The disadvantage of issuing the text of speeches in advance is that any omissions when the Press "checks against delivery" tend to assume a significance they may not deserve. Such is the case with the speech given by Professor Rosalinde Hurley, chairman of the Medicines Commission, at the annual dinner of the Association of the British Pharmaceutical Industry last week (p790).

Addressing herself to parallel importing, Professor Hurley was to have said: "I understand that there may have been some developments as recently as today." This sentence was however omitted and its significance (or otherwise) has currently left the Press and the industry — and consequently the retail pharmacist — in something of a dilemma.

There have been suggestions that on the day of the ABPI dinner there was to be a DHSS meeting to consider the relationship between application of the Medicines Act in the UK and the extent to which EEC legislation conflicts or takes priority (see p790) The DHSS parried C&D's inquiries on this score.

Understandably the industry is getting worried. It does not know whether the Government will safeguard UK manufacturers and markets or allow them to be jeopardised by a few get-rich-quick entrepreneurs. Indeed the industry does not know whether the DHSS believes itself able to act. Earlier this month *Doctor* magazine headlined a report "Government gives in on cheap drugs," claiming the DHSS looked set to relax its ban on imports. This report has neither been confirmed or denied.

Pharmacists too must be concerned because there is no reason the taxpayer should continue to countenance them making under-the-counter profits when the profession has a "cost-plus" contract (see p755). And those pharmacists who have not jumped onto the bandwagon have even more to worry about because

any clawback of these extra profits is most unlikely to take account of who received them in the first place. Such is the failing of "averaging."

The Government has had more than enough time to make its position known on this problem. If it is not treating it with the utmost urgency then it is failing in its duty to the electorate and the nation. Both the industry and the profession need to know where they stand — now!

Gentle rural men?

The Clothier rural dispensing Regulations will work for pharmacy only if pharmacists work for themselves — and for the rural patient. The first part of that statement is emphasised in new guidance issued by PSNC to LPC secretaries (see p754) in which it is pointed out that "the first year's operation of the new Regulations will be vital in terms of LPCs getting to grips with the procedures and of establishing precedents."

But there is the other side to the coin: the Regulations will allow doctors who have observed the "gentleman's agreement" to make legitimate claims to dispense wherever they feel they could offer the patient a better service than the pharmacist already does. It will be up to rural pharmacists to ensure they do not leave themselves exposed to such applications — isolated market towns with two or more pharmacies would appear particularly vulnerable.

Collection and delivery services should be offered, even if they are not taken up; branch dispensaries during surgery hours should be considered where practices outside the mile limit do not currently dispense. Indeed, anything that ensures the rural patient has access to pharmaceutical services should be pressed forward.

It would be no use gaining ground on the fringes of expanding conurbations if the rural service itself were to crumble.

Clothing benefits 'up to pharmacists'

Whether pharmacy benefits from the new Clothier regulations will depend on LPC secretaries and individual pharmacists being familiar with the regulations, ensuring deadlines are met and the Pharmaceutical Services Negotiating Committee is kept fully informed.

That is the message conveyed last week by Mr David Coleman, chairman of a new PSNC Rural Practice Standing Committee, who warned that if appeals time limits are exceeded — because LPCs meet too infrequently, for example — opportunities would be lost. He suggested that in some cases LPCs should delegate responsibility for rural matters to a "co-ordinator" who would keep in close touch with the progress of any application by doctors to dispense, or pharmacies to open in rural areas.

PSNC will itself keep a central log and offer advice on such matters as rurality — which will be determined by "case law" from the new FPC Dispensing Subcommittees and the national Rural Dispensing Committee.

The PSNC Rural Practice Standing Committee will monitor the Clothier arrangements and advise the main committee. Its members are Messrs Calvert, Coleman, Davison, Dr Maddock, Ross, Silverman, Thomas and Sharpe (ex officio). The Committee is co-opting Mr A. Smith (PSNC chief executive), Mr C.C. Stevens (a PSNC-nominated member of the RDC) and Mr R. Dickinson (deputy secretary, Pharmaceutical Society).

Guidance to LPCs

PSNC has now distributed to LPC secretaries a memorandum outlining the Clothier Regulations procedure (see extracts below). This parallels the document issued by the doctors' side (and published in full in *C&D* March 19, together with comments from Mr Smith.).

PSNC expects FPCs to receive some applications to dispense from doctors, following the end of the voluntary "standstill" this will lead to some rurality decisions. It is hoped that such decisions will be taken by the Dispensing Subcommittees because their composition reflects that of the RDC — equal representation of medical, pharmaceutical and lay interests — rather than the FPC itself.

The RDC was due to hold its first meeting this week and to concern itself

with procedure — such as whether to visit areas in dispute and whether to send the full committee or simply as subcommittee. It is expected that the first decisions will take longer than later ones because there is currently no precedent for the committee to work on — perhaps two or three months at the start.

PSNC has received some two dozen inquiries from pharmacies during the standstill period, but expects very few to have awaited the regulations before making formal application. However, growth in rural area population means there should be opportunities for pharmacies to provide a new service.

Option forms approved

Mr Coleman expressed himself happy with the wording on the draft option forms and hoped they would be used as recommended unless there were overriding reasons for change. Already some FPCs are using the draft forms.

Among points in the PSNC guidance are the following:

Pharmacist applications for preliminary consent: Pharmacists wishing to open in a controlled locality must apply to the FPC on the appropriate form but, before this they may apply in writing to the FPC for preliminary consent. The application will then go to the RDC for a decision. Doctors wishing to start dispensing have to follow a similar procedure. If a pharmacist wishes to open outside a controlled locality, but within one mile of it, he may do so but, in this case, the patients on the dispensing list of the doctor, but within one mile of the new pharmacy (as the crow flies), may not be immediately transferred from the doctor's dispensing list to his prescribing list, but the RDC may arrange for the gradual transfer of patients with the payment of compensation to the affected doctor/doctors.

Application by doctors for outline consent: The doctors' applications go first to the FPC, which is obliged to inform the LPC and any pharmacist who will be affected. If any significant change is involved the application will be referred to the RDC. The LPC must, if it wishes to submit written evidence, do so *in writing within 30 days*. The RDC may, but it is not obliged to, hear oral evidence. Any party wishing to give oral evidence must notify the FPC in writing. After the RDC has reached its decision, a pharmacy

contractor affected by the decision has a right of appeal to the Secretary of State *within 14 days* against the granting of outline consent.

LPC's and rurality: It is for the FPC to decide whether or not an area is "rural in character." Either the LPC or the LMC may ask the FPC to consider the rurality of an area and may appeal to the RDC against the FPC's decision *within 30 days*. Once the RDC has ruled on the rurality of an area there can be no reconsideration for five years unless the FPC considers there have been significant changes.

Witnesses vouch for Depo-provera safety

Expert witnesses have been putting forward evidence for the safety of Depo-provera, at a public inquiry in London this week.

The hearing is being held at the request of Upjohn Ltd who believe the Minister of Health's refusal last year to license the drug as a long-term contraceptive was scientifically unjustified. In his opening statement, the Hon Christopher Bathurst, QC, counsel for the company, said some women have a real need for, and would derive benefit from, Depo-provera — factors which were not apparent to the Minister when he turned down the Committee on Safety of Medicines' recommendation to grant the licence.

Adverse reaction reports

He thanked the Co-ordinating Group on Depo-provera, the group opposed to the drug's licensing, for their submission of information which confirmed safety and efficacy. Despite efforts to solicit adverse reaction reports, the group assembled only about 30 reports following an estimated 50,000 injections of the drug.

Professor Ian Fraser, senior lecturer obstetrics and gynaecology, University of Sydney, said he had co-authored a review of over 1,000 scientific papers and concluded the drug was a safe and effective contraceptive. The hearing continues throughout the week.

Depo-provera is approved for use in the UK for the treatment of renal, endometrial and breast cancer, and for short-term contraception. It is registered as a long-term contraceptive in over 80 countries.

Mr Kenneth Clarke, Minister for Health, said in the Commons this week that it could not be argued that Ministers should never overrule the CSM. Ministers were required to exercise judgment in the widest public interest.

NPA asks DHSS for legal position on parallel importing

The National Pharmaceutical Association has asked the Department of Health to clarify the legal position of pharmacists who buy unlicensed medicines, imported into the UK from Europe by pharmaceutical wholesalers. Director Mr Tim Astill has also named some of the wholesalers known to be involved, although he says most of the medicines on their lists are manufactured abroad and not parallel imports in the true sense of the word, but "neither are they covered by a UK product licence."

In his letter to the DHSS Mr Astill says: "a number of these wholesalers are soliciting orders from NPA members by circulating price lists by post or by personal visit, and in our view the sale of medicines following such solicitation or 'advertisement' is unlawful unless the medicine is covered by a UK product licence."

"The advice that we have given to our members along these lines is summarised on the front page of the enclosed copy of our March newsletter (C&D March 26, p517). I believe this is in line with UK law and, in particular, accurately reflects the provision of SI 1978/1461. This view has been challenged by some of the importing wholesalers, at least one of whom is stating publicly that his company has DHSS authority to import and distribute unlicensed medicines from the EEC."

"I am, incidentally, aware of the answer given to a parliamentary question by Mr Geoffrey Finsberg early in March, to the effect that the DHSS is currently considering how to bring about reconciliation between UK law, decisions of the European Court and statements by the European Commission."

Position 'confused'

"The present state of affairs is confused, unclear and most unsatisfactory and I am writing to ask what is the official view of the DHSS about the activities of the importing wholesalers to whom I have referred."

Secondly, if it is your view that the law is being broken, I would find it very helpful to know what steps are being taken by the DHSS, as statutory enforcement authority, to prevent or otherwise deal with such breaches."

Mr Astill then listed wholesalers known to be distributing various price lists to his members and concluded: "We are concerned because those of our members who might be tempted to buy these products have no guarantee that they are identical to the licensed equivalent nor that they will be covered by the manufacturer's warranty (if any) but, equally importantly, we wish to advise our members with certainty about their positions under law."



"It seems they think there might be a parallel importing ban."

...as EEC MPs give it their blessing

The European Parliament recommends opening the Community market to products from single European production centres to parallel imports from third countries.

In a recent debate on the state of the European pharmaceuticals industry prompted by an own-initiative report by a French Gaullist MEP, Gustave Deleau, Council is urged to adopt "without delay" the proposal on the harmonisation of marketing authorisations in the case of parallel imports within the common market. The Parliament condemns the "walling-off" of markets (as, for example, in Greece) and calls for legislation to harmonise national rules on the issuing of pharmaceuticals on prescription and on fiscal practices.

On the opening-up of the market, Parliament calls on the Commission to monitor "vigorously" EEC competition rules, and urges the Council of Ministers to adopt the merger control regulations as soon as possible.

According to the Parliament, pricing systems threaten both the market balance and public health care needs. It therefore calls on the Commission to study the different national systems for monitoring drug prices with a view to harmonising them.

In the field of public safety the Commission is urged to ensure all products meet standard requirements. The European Parliament insists the Commission establish an "authentic" external trade policy with special emphasis on maintaining marketing and safety standards for drugs exported to the Third World.

Improvements are also essential in the training of and information supplied to drug prescribers and users. The Parliament recommends the introduction of compulsory post-graduate and follow-up courses for doctors in the therapeutic and drug-control fields with wider access to relevant data banks. Public information and education campaigns on correct drug use should be implemented

on a Community-wide basis. Commission studies on the need for an advertising directive and on the "prospects and scope" for self-medication are also recommended.

'Reconcile interests'

The conclusions of Monsieur Deleau's report reflect both the Parliament's recognition of the importance of the European pharmaceutical industry and the need to reconcile the interests of producers with those of consumers and public health requirements.

The European Parliament recommends the EEC should aid and encourage both new and existing research programmes, especially in neglected but highly necessary areas, such as tropical diseases. This would involve a Commission review of national research programmes to promote co-ordinations and avoid duplication. Investigations, possibly along US lines, into effective means of strengthening legal protection for pharmaceutical inventions should also be carried out. These investigations should cover means of extending facilities for product testing and screening.

Finally, Parliament calls for "full and harmonised" statistics on the pharmaceutical sector as a whole so the use of drugs and their impact on health and public health expenditure can be monitored and compared in "precise detail."

Replying to the debate, European Commissioner Karl-Heinz Narjes said he agreed with the report's analysis of the market in pharmaceutical products. In particular, the Commission was anxious to see the directive on marketing authorisations adopted. Studies on national pricing systems had begun but harmonisation could not realistically be envisaged for some time. The Commission was also looking into ways of assisting the industry to overcome the problems of lengthy product testing.

The Parliament's opinion will now be forwarded to the Commission and the Council of Ministers. The opinion has no legislative power but it can exert pressure on the Commission and Council, in the name of the European electorate, to review its policies in this sector.

PSNC says 'no' to parallel importing again

The Pharmaceutical Services Negotiating Committee has reaffirmed its opposition to all forms of discounting including parallel importing.

At their April meeting the Committee discussed the parallel importing of proprietary preparations. Concern was expressed at the possible effects of this practice on NHS remuneration. PSNC is to seek "an urgent" meeting with the DHSS to discuss the matter.

Complaints procedure

A memorandum from the DHSS to administrators of Family Practitioner Committees concerning the informal procedure for the treatment of NHS complaints was considered.

Although the procedures referred to in the memorandum do not apply to pharmacy contractors, the Committee had recommended to DHSS the extension of this type of procedure to complaints against pharmacy contractors. A copy of the memorandum has been sent to all Local Pharmaceutical Committee secretaries in order that attempts to adopt the procedures may be made at local level.

Representatives of the Committee are to attend a joint meeting of the pharmaceutical organisations to discuss rational location of NHS contracts. Messrs Axon, Phillips, Spivak and Smith will attend the meeting on behalf of PSNC on May 13.

The Committee agreed to the retention of the convention for the dilution of oral medicines as set out in the BNF, p2: "Where fractional doses are prescribed liquid preparations will be diluted with a suitable vehicle to dose-volumes of 5ml or a multiple thereof, unless otherwise directed in the text" [of the BNF].

For prescriptions calling for paracetamol elixir in 2.5ml doses which, it is stated in the BNF, should not be diluted, agreement has been reached with the DHSS, following representations from the PSNC, that proprietary brands of paracetamol elixir, such as Calpol and Panadol elixir, may be supplied and diluted to 5ml with syrup.

Such prescriptions should be endorsed with the brand supplied and the quantity of syrup used.

Sutures and closures

Pharmacy contractors will be paid in full for the supply of the approved suture and skin closure strips ordered on form FP10. (The list of approved suture and skin closure strips will appear in the 1983 Drug Tariff which should be forwarded to pharmacy contractors in early May).

The Department of Health has accepted that it would be unreasonable to expect contractors to be held responsible

for the cost of these items should they be used for purposes other than those listed in the Drug Tariff. DHSS agreed that the pharmacist's responsibility ceases once the patient has left his premises.

Future LPC conferences

The Committee resolved that the agenda committee should continue and steps be taken to ensure that, where possible, more resolutions be combined.

Circulation of literature by individual Local Pharmaceutical Committees is not to be allowed unless permission had been granted by the chairman. Committee also decided PSNC members should be free to sit with their individual LPCs or with guests and not segregated at the front of the hall as at present.

Resolutions from the 1982 conference are to be discussed in greater detail at the May meeting.

Bulk prescribing. The Committee is to seek another meeting between representatives of the PSNC, PSGB and General Medical Services Council after the DHSS refused to respond to a PSNC request that Prescription Only Medicines should not be prescribed on bulk prescriptions.

The Department says the matter should be resolved between the two professions. In the past the GMSC has refused to co-operate, PSNC says. **Zomax tablets.** Ortho-Cilag have told the Committee that following the warning issued by the DHSS they have no intention of refunding the £1.30 prescription charge paid by patients who had returned Zomax tablets to pharmacies.

VAT and test strips

Further to the note concerning VAT and glucose test strips in *C&D*, March 12 p434, HM Customs and Excise has asked us to point out that glucose test strips Visidex and Dextrostix are not "exempt" from VAT. The strips are in fact zero-rated for VAT, but only when they are supplied directly to a chronically sick or disabled person or to a charitable institution. VAT leaflet: *Aid for the Handicapped Person* — No 701/7/82 contains full details.

Two Maltese pharmacist brothers, Mr Joe Camilleri (left) and Mr Arthur Camilleri, flank the new chairman of the National Pharmaceutical Association, Mr Don Ross who opened the 3rd Numark Convention held in Malta. Joe Camilleri has a pharmacy in Valetta and Arthur one in Mellieha.



'For sale' campaign from the ANP?

The committee of the Association of New Pharmacies has been approached by a group of members who want to see a Press campaign launched featuring an old lady attempting to get into a pharmacy with a "For sale" notice on the door. The caption would read: "Ask your pharmacist why his colleagues would like to see him go out of business."

Drug Tariff revisions

The Drug Tariff, 1983 has just been published with Part V — the section covering the basic prices of standard drugs and preparations completely revised. Parts VA, VB and VD. Section 1 of the 1982 edition are now listed in alphabetical order in Part V. Column 4 shows the category of drugs/preparations.

Parts VC, VD Section 2 and VF of the 1982 issue are deleted. Chemical reagents are listed in Part VB which the editor of the Drug Tariff advises should be read carefully.

No substitution?

Mr Laurie Pavitt (Lab) will seek a second reading for his Generic Substitution (National Health Service) Bill in the Commons on Friday April 29.

The Bill is designed to permit a dispensing pharmacist to substitute a generic substitute for a medicine prescribed by a general practitioner in the NHS unless the general practitioner specifically orders that such a substitute may not be dispensed. The Bill has no chance of becoming law.

People

James Robinson, FPS — pharmacy manager of the Greater Lancastria Co-operative's pharmacy in Oxford Street, Bolton, has been installed as chairman of Bolton Branch of the Pharmaceutical Society.

NPA chairmanship for Don Ross

Mr Don Ross, a proprietor pharmacist from Bourne in Lincolnshire, was this week elected chairman of the National Pharmaceutical Association. The new vice-chairman is Mr Leslie Calvert from Leeds. Re-elected treasurer is Mr Bob Worby.

Nominated to represent NPA on the Pharmaceutical Services Negotiating Committee are Mr David Sharpe, Mr Marshall Gellman, Mr Don Ross, Mr Bob Worby and Mr Alan Facer.

Welsh education committee members

The Secretary of State for Wales has recently appointed the following as the membership of the Welsh Committee for Postgraduate Pharmaceutical Education until March 31, 1986: Mr M.A. Pollard, MSc, MPS, principal pharmacist, Maelor General Hospital, Wrexham, Clwyd; Dr T.A.A. Reilly, MB-BCh, MRCGP, part-time general medical practitioner and associate adviser in postgraduate medical education for practitioners in Wales, and Miss C.M. Wynne-Howells, BPharm, MPS, pharmaceutical officer, Pembrokeshire Health Authority.

Members appointed on the recommendation of the University of Wales Institute of Science and Technology are: Professor P.S.J. Spencer BPharm, PhD, FIBiol, FPS, MCPP, head of the Welsh School of Pharmacy; Professor I.W. Kellaway, BPharm, PhD, MPS, and professor of pharmaceutics, Welsh School of Pharmacy.

The Welsh Executive of the Pharmaceutical Society appointed Mr D.G. Burt, MPS, MCPP, Mr D.R. Evans, FPS, MCPP, Mr D.E. Leitch, BPharm, FPS, MCPP (vice-chairman), chief administrative pharmaceutical officer to the East Dyfed and Powys Health Authorities and Mr T.D. Turner, MPharm, FPS, FLS, senior lecturer in pharmacognosy, Welsh School of Pharmacy.

Dr D.J. Bailey, BPharm, PhD, FPS, CChem, FRSC, MCPP, director of postgraduate pharmaceutical studies in Wales, is the secretary and Mr D.L. Thomas, BSc, FPS, DBA, MIPharm, the pharmaceutical adviser in the Welsh Office is "in attendance."

News in brief

■ An on-line information retrieval service of more than 8,000 references to H₂ antagonists in the world's medical and scientific literature is available in the United Kingdom from Smith, Kline & French Laboratories Ltd, from their headquarters at Welwyn Garden City.

By Xrayser

Giving a lead

The nurses at the recent Royal College of Nursing conference certainly made the news, by talking about the way our commercial ethics affect their work.

First they had the gall to suggest manufacturers should market analgesics only in small packs, sold through pharmacies, saying these products should not be available on open shelves at any grocer or corner shop, then suggesting they should not be advertised . . . at all. Finally, as if it proved anything, they pointed out the number of deaths due to overdoses of these drugs, intentional as well as accidental, which they as a profession have been unable to prevent.

As if this was not enough, they went on to demand we have lead-free petrol! Ye Gods! Is nothing sacred? Do they not realise we would have to put an extra head gasket in our cars and lower the compression? Do they not realise it would slow us down? Imagine the effect a 10 per cent reduction in speed would have on accidents! They are just lazy and don't want to do the work they have been trained to do.

As for this emission of 10,000 tons of lead into our air? Just because the Australians (barbarians compared with us!) and the Americans, and the Soviets, can, and do run their cars on lead-free petrol is *no* reason why we should try to ape them. We have been told by a Government spokesman it would take us *ten years* to phase it in, and the cost would be phenomenal. And it's not efficient. Let that be enough of this matter!

It saddens me it is a nursing organisation which has to raise these issues nationally. Guess who I think ought to have been out front showing the public the same kind of informed caring? That's right. Us.

Incidentally, I note that within a couple of days the Government had announced something like the nurses' lead demands as official policy. Now that's what I call *action*!

I like it!

With all the hoo-ha about parallel importing crackling around us I just keep my head down and continue to buy from the wholesalers and manufacturers whom I know, being painfully conscious that the discounting war started in the same way. I couldn't care less about the swagman and his back-door perfumes, for so long as they are not stale, and therefore unsaleable, I don't feel much harm is being done. The makers, despite their

squawks and squeals, seem to be doing alright too.

But with drugs I am not so sure. On the face of it the products of a reputable manufacturer should easily enough survive the traumas of a hike from Holland or Germany or practically anywhere within the EEC. After all, a number of the drugs we supply at present are already imported from Europe. My own reaction is that I don't want to know, but I can't help feeling that if continued, this grey importing will force changes both in legislation and price structures which may not be to our liking, nor in the best interests of our British manufacturers.

Jensen's Law

I like the *C&D* articles we see from time to time by Mr Eric Jensen, if only because they make me look afresh at the value of what I have, and the potential of my nearest and (fortunately) dearest competitors. It's stimulating to examine the effect a new owner might have on the pharmacies in my area — particularly on me — if a hard-headed, commercially-minded youngster should breeze into action here.

I try not to think about it, but am drawn by the good sense of Jensen's Law which states: "Keep your eyes open, and your wits about you." Essentially he says: be aware of the factors bearing on you, and if you are buying a business, make sure you know enough about books to read balance sheets properly, and to interpret them against the conditions in the area.

But all the care in the world won't protect you against the situation of a friend of mine who took over a small company knowing he could increase profit and turnover substantially, since the shops were badly run and presented. He *knew* he was on a winner and looked for at least £30,000-£40,000 a year. What he didn't know was that geared-up competitors were to change sites and enlarge within weeks of his arrival. They did, and he fought for years to maintain basic turnover against rising costs and falling profits. In buying a business all you can do is read the books, do your homework, put up your money . . . and pray.

NEW DENTU-HOLD WILL BE

DISAPPEARING OFF YOUR SHELVES

AS SOON AS IT APPEARS.

Dentu-Hold's unique. It's liquid. And it feels 'invisible.' It was a rip-roaring success when it was test marketed in Anglia, outselling all competitive brands in the first six months. And stimulating the growth of the fixative market by 18%.

Now it's going national. With a heavyweight TV and press campaign. Featuring the unforgettable 'Invisible Man.'

So make sure you buy-in plenty of Dentu-Hold. The denture fixative that does an amazing vanishing act.

FROM STAFFORD-MILLER. THE LEADING NAME IN DENTURE FIXATIVES.

Elida launch Timotei shampoo for frequent use

Elida Gibbs is launching a new mild shampoo, Timotei, with a £3m support budget — "more than has ever previously been spent on a new shampoo".

Already available in several European countries, it is claimed to have become brand leader in Sweden and Norway after eight months and one year respectively, and a major brand in France and Germany. The one size, one variant shampoo has become the biggest selling single pack of shampoo in all the countries in which it has been launched, say Gibbs. The recommended retail price of Timotei is £0.99 with promoted prices in the £0.60-65 range.

Timotei is a mild shampoo for frequent use — in line with the 1980's trends. Gibbs calculate that 56 per cent of women in the UK now wash their hair twice a week or more, as against 45 per cent in 1978. By comparison, this figure rises to 73 per cent in Sweden and 75 per cent in the USA. Gibbs believe market growth in the UK still has a long way to go, and that mild shampoos will become increasingly important.

Before launching Timotei in the UK, the company undertook a programme of research which, they say, found that the product scored higher than any Gibbs shampoo previously tested. Seventy five per cent of consumers said they preferred it to their normal shampoo. A "very high repeat purchase" was recorded and there was an "exceptionally high" spontaneous liking of the perfume, say Gibbs, with packaging rated good or excellent by 90 per cent of the panel who considered it to be distinctive and elegant.

£3m support

Elida will be spending £3m in the first 12 months. This will include national television and women's Press advertising in which two million free samples will be given away.

Advertising will use the same theme that has proved so successful on the Continent. This depicts images of an idyllic rural life with the message that Timotei is a naturally mild shampoo to be used at any time.

This theme will be carried through in the women's Press campaign and the POS material which includes dump bins, wallpaper, shelf barkers and, for retail chemists, a counter unit containing six bottles of shampoo. Advertising will break in June.

"We are confident that Timotei is coming on to the market at just the right

Timotei, claimed by Gibbs to be a major brand in Europe and Scandinavia, is a one size, one variant shampoo for frequent use. It is to be supported with a £3m spend in the first 12 months, including television and Press advertising, and sampling.

time and we are spending massively to ensure its success," says Roger Wisdom, Elida hair group marketing manager.

"We believe that it will become the leading cosmetic shampoo and it will do that with just one size and one variant. Anyone who fails to stock the brand will be missing out on a real potential profit winner." *Elida Gibbs, PO Box 1DY, Hesketh House, Portman Square, London W1A 1DY.*

Quickies move over to Beecham

Distribution of Quickies cleansing pads will be taken over from May 3 by Beecham Proprietary Medicines.

The range will be supported with a £60,000 Press campaign to run from June to August in *Options, Company, Cosmopolitan, Woman's Journal, Family Circle, Living, Good Housekeeping* and *Over 21*. A poster campaign will run on the London Underground during June and July.

A new counter/shelf display unit will also be available designed to highlight the promotional prices to be introduced. *Beecham Proprietary Medicines, Great West Road, Brentford, Middlesex.*



ON TV NEXT WEEK

Ln London	WW Wales & West	We Westward
M Midlands	So South	B Border
Lc Lancs	NE North-east	G Grampian
Y Yorkshire	A Anglia	E Eireann
Sc Scotland	U Ulster	C1 Channel 1s
Bt Breakfast Television		C4 Channel 4

Airbal:	Ln,M,Lc,Y,So,B
Anadin:	All areas
Askit powders:	Sc
Aspro Clear:	All areas
Bic razors:	All except U,E,C1,We
Blakey's wholemeal slymbred:	All C4 areas
Cidal soap:	Bt
Clairol Caresetter heated rollers:	Lc
Cooper Freshaire:	M,Y
Dixcel plain and Springtime:	All except E,C1,B
Immac:	All except C1,E
Japps health salts:	Sc
Marigold gloves:	Ln,M,Y,So,NE,A
Maws Wipers:	All except A,We,B,E,C1
Minuet bodyspray:	Lc
Paddi Cosifits:	All areas
Polyfoam:	Sc, WW, So, NE, A, We, B, G
Polytint:	Y
Pond's cold cream:	All Bt areas
Super Softies:	All except U
Vidal Sassoon dandruff shampoo and conditioner:	Ln,G
Zest toilet soap:	Y,NE,A

Collis Brown's now in tablets

A tablet formulation of J. Collis Browne's is being introduced this week by International Laboratories — who reported considerable improvement in the brand's performance as a result of advertising expenditure since its acquisition from J. T. Davenport Ltd in 1980. The new tablets will be included, with the mixture, in £280,000 worth of Press backing scheduled for 1983-84.

Each tablet contains 750mg light kaolin, 0.35mg morphine hydrochloride and 200mg heavy calcium carbonate. The recommended dosage for adults is two or three tablets at once followed by two or three every four hours: children aged 6-10 should take one tablet initially followed by one every four hours (the product is not suitable for children under five except under medical supervision). Indications are diarrhoea, mild food poisoning, or "upset" stomach.

The makers say that with the increase in international travel many people now take preparations with them in anticipation of an upset stomach and Collis Browne's tablets are being introduced because many are reluctant to pack a liquid. Nevertheless, during 1982-83 the 30ml mixture is said to have shown a 15.6 volume growth, and the 100ml (2.5) per cent growth.

The new advertising campaign will run in all major national daily and Sunday Press from May 1 (with the exception of a break during November) with the tablets receiving maximum emphasis.

A pharmacy only product, Collis Browne's tablets are available in packs of 18 (£0.79) and 36 (£1.25). *International Laboratories, Charwell House, Wilson Road, Alton, Hants GU34 2TJ*

Economy sanpro

Helen Harper is a range of sanpro products being launched to the chemist trade in this country by a Dutch/German firm.

Economy is the policy of Bambo Ltd, who will not be advertising the range this year. The company's aim is to provide a quality product to rival existing companies, but at two-third's the price.

The range includes two new products, sanitary towels super 10 and 20 packs, and super thin towels in 20's. Other products are standard sanitary towels 10's and 20's, panty shields 10's and 20's and Bra pads 30's. *Bambo Ltd, 97 Macadam Road, Earlstrees Industrial Estate, Corby, Northants NN17 2JN.*



Jars of Cow & Gate baby food have a new design. Stage 1 and 2 meals and yogurt desserts now have matching colour-coded caps and labels. A "safety button" when pressed checks the vacuum is still intact before purchase. The jars will be packed in colour-coded shrinkwrapped trays giving two facings instead of three. Cow & Gate Ltd, Trowbridge, Wilts.

Resisting water

Almay are to launch a water-resistant mascara (£3.15, refill £2.25) available in three shades — black, brown / black and brown. The mascara comes with a larger than average brush for easier application and thicker lashes. *Almay, PO Box 17, 225 Bath Road, Slough SL1 4AU.*

Masks for eyes

Louis Marcel eye masks are available in a trial offer pack of 10 for £0.99 (normal retail price £1.30). Advertisements will appear in the women's press in May. *Louis Marcel Ltd, Priors Way, Maidenhead, Berks SL6 2YL.*

Sheet for cots

Independent Chemists Marketing Ltd have added a Nusoft cot sheet to their baby toiletries and accessories range. Manufactured in washable white vinyl it measures 48 x 40in to fit most cots and small beds and comes fitted with strong adjustable ties and an additional long centre tie. During May and June the sheet is on offer price of £0.95 after which it will retail at £1.10. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA21 9JU.*

Book of baby names

Peaudouce are running a consumer giveaway promotion in the May issue of *Parents* magazine. Each reader will receive a free "Baby Names" booklet. The booklet will also be distributed via health clinics throughout the remainder of 1983. *Peaudouce (UK) Ltd, Lockfield Avenue, Brimsdown, Enfield, Middx.*

Immac lotion now with cocoa butter

Cocoa butter has been added to Immac lotion hair remover. The company says this ingredient will not be added to the rest of the range in the "foreseeable future," depending on how popular the lotion proves to be.

The new ingredient "melts as soon as it touches the skin" and the product has a new floral fragrance. Immac lotion with cocoa butter 125ml (£1.49) is being supported with a television campaign which is now rolling out regionally, and will run nationwide until August. This backing is included in the company's £½m television spend for the entire Immac range.

Full-colour advertisements will appear in the women's Press in a spend worth £85,000. A Maggie Clark ivory silk cami-brief is being offered to consumers in return for a sticker from the bottle and £12.50. *International Chemical Co Ltd, Chenies Street, London WC1E 7ET.*

Herbal relief for feet by Newtons

Herbal foot bath salts (450g, £1.95) have been introduced by Newtons. The salts contain extracts of rosemary, camphor, red pepper, chestnut and thyme which, the company believes, increases blood circulation and help prevent callouses. *Newtons Laboratories, PO Box 789, 111 Wandsworth High Street, London.*

Free Radio Times from Duracell

Duracell and BBC Publications have joined together to offer free copies of the *Radio Times*, in a promotion designed to underline the suitability of Duracell for radio and audio usage.

From the end of May, consumers can receive their free copies by submitting three proofs of purchase from Duracell blister packs. In return they will receive the latest edition of the *Radio Times* with nine vouchers, each worth the full retail value of the issue and redeemable against future purchase of the magazine.

Closing date for consumer applications is July 16, but voucher redemptions will be valid until October 21. Retailers can redeem vouchers until January 31, 1984. POS material will be available. *Duracell (UK) Ltd, Gatwick, Crawley, Sussex.*

If he's got hay fever, here's one treatment he won't sneeze at.

Actifed Tablets. Each one contains an antihistamine (triprolidine) plus pseudoephedrine. Together, they'll quickly and effectively relieve the misery of hay fever.

But what happens when the hay fever season comes to an end? Happily, you can continue to recommend Actifed Tablets.

Because when it comes to colds and flu, they'll also provide rapid and effective relief.

What with the oncoming hay fever season and Britain's history of cold summers, Actifed Tablets are something no pharmacist can afford to sneeze at.

Representation: Each tablet contains 2.5mg Triprolidine Hydrochloride BP and 60mg Pseudoephedrine Hydrochloride BP. **Indications:** Symptomatic relief of upper respiratory congestion in the common cold, hay fever, vasomotor and allergic rhinitis, acute sinusitis, otitis barotrauma. **Dosage:** Adults and children over 12 years: 1 tablet three times a day. **Contra-indications:** Actifed is contra-indicated in persons hypersensitive to pseudoephedrine triprolidine and in those under treatment with MAO inhibitors and within 2 weeks of stopping such treatment. **Precautions:** Although at recommended dosage pseudoephedrine has virtually no pressor effects in normotensive subjects, Actifed should be used with caution in patients with cardiovascular disorders including hypertension. May cause drowsiness which, in some patients, may be potentiated by alcohol or other central sedatives. **Cost to retailer:** £0.57 for 12 tablets (PL3/5003). Further information is available on request. **Wellcome Consumer Division,** The Wellcome Foundation Ltd., Crewe, Cheshire.



Wellcome

Caladryl*



**A single treatment
for sunburn and insect bites.**

An excellent recommendation for your customers.

Data sheet available on request from Warner-Lambert (UK) Limited, Southampton Road, Eastleigh, Hampshire SO5 5RY. Tel: 0703 61979

**WARNER
LAMBERT**

PARKE-DAVIS

*Trademark R8332

Drip collector from Coloplast

Coloplast are launching an incontinence product which will be available from retail pharmacies and surgical supply stores.

The Conven Drip Collector is for the man with "dribbling incontinence", and is made of super absorbent material inside a holster-shaped leak-proof layer of medicinal film. It has a soft dermophilic outer cover and is odour-proof.

The Drip Collector (srp £10.80 + VAT for box of 30) is small and neat, invisible under clothes and a spare can be carried in the pocket, say Coloplast. An adhesive strip holds it in place inside the patient's underpants, or if preferred Conven net pants are available to hold it in position.

A promotional campaign will feature in the medical Press, and two new audio-visual training aids on the incidence and management of incontinence will be available. Patient leaflets in a counter unit entitled "Do you know anyone who suffers from incontinence", along with ordering aids and "continence charts" (records which can be completed by nurse or patient) are also available. *Coloplast Ltd, Bridge House, Orchard Lane, Huntingdon, Cambs PE18 6QT.*

Press-on towels from Unichem

Unichem is to launch an own-brand press-on towel in May. Available in one size and two absorbencies, regular and super, the towels are fully flushable and come 10 to a pack (£0.41). A polyethylene shield backs the full length of the towel for maximum protection. They will be available to members during May at an introductory price of £5.42 for a case of 24 (retail £0.33 per pack). The standard members price will be £6.38 (retail £0.41). *Unichem Ltd, Crown House, Morden, Surrey.*

Count the pennies and win £7,000

One pence for every baby born in the UK this year — around £7,000 — is the first prize in Johnson & Johnson's national Summer competition. Runners-up will receive £100 cash, and there will be 100 third prizes of a Johnson's baby gift box.

Consumers are invited to estimate the number of pennies surrounding a pack of Johnson's baby powder shown in a photograph. Entry forms and a till receipt

for at least one Johnson's baby product should be sent to J&J, closing date is August 31. The competition starts May 2, and display material is available consisting of dumpbin headboards, leaflet pads and shelf strips.

Over £1.5m will be spent throughout the Summer on a national television campaign aimed at increasing the adult

Watching the IPC women's Press

The following column lists advertisements for chemist merchandise due to appear in the IPC women's Press. The magazines used as a basis have been divided into three categories — weeklies (W), monthlies (M) and magazines aimed at the younger end of the market (Y). The monthly magazines covered are the June editions due to appear mid-May.

Albion soap:	M,Y
Haircare:	W
Aquamaid FF cream:	M
Elizabeth Arden Visible Difference:	M
Ashe Double Amplex:	W,M,Y
Maws:	W
Mint Cool:	W
Sucron:	W
Vitapoint:	W
Bayer Natrena:	Y
Vita-fibre:	W
Beecham Airwick:	W
Quickies:	M
Animal Health:	M
Shaders & Toners:	Y
Bowater Scott Minima:	M
Bristol-Myers Glints:	W,Y
Brodie & Stone Jolen:	Y
Cacharel Anaïs:	M
Cantassium:	M
Carnation Slender:	W
Carter Wallace Arrid:	M,Y
Discover2:	M,Y
Nair:	Y
Pearl Drops:	Y
Chanel:	M
Chattem Mudd:	Y
Chefaro Bergasol:	M
Predictor:	Y
Chesebrough-Ponds Cutex:	M,Y
coco butter:	M,Y
Hawaiian Tropic:	M
Clarins:	M
Combe Lady Grecian:	W
Lanacane:	M,W,Y
Concept Helancyl:	M
Klorane:	M,Y
Crookes Hermesetas:	M,Y
DDD Deep Down:	Y
Stain Devils:	W
Christian Dior:	M
E Douer Eau de Patou:	M
Elida Gibbs Vivas:	M,Y
Gillette Aapri:	W,M,Y

usage of Johnson's baby products. A baby Press campaign will also run including the use of Bounty Vision, a series of films to be shown to mothers in hospital, featuring J&J.

Samples of Johnson's baby bath and baby lotion will be in Bounty bags during 1983. *Johnson & Johnson Ltd, Brunel Way, Slough, Berks.*

Goya Savlon:	W
Sally Hansen:	M
Health & Diet Waterfall:	M
body minerals:	M
head high:	M
Houbigant:	M
ICC Anne French:	W,Y
Immac:	Y
Inecto:	W,Y
J&J Carefree:	W,Y
Children's hair conditioner:	W
KY jelly:	W,M,Y
Stayfree:	W
Vespré:	Y
Maxi-Dry:	W,M
Kimberley-Clark Dayfresh:	W,M
GR Lane Quite Life:	W
Larkhall Labs Lipcote:	W
Estee Lauder:	M
Lilia White Lil-lets:	Y
Louis Marcel:	M,Y
Murine eye drops:	Y
National Pharmaceutical Association:	W
Neutrogena:	M
Nicholas Labs Almay:	Y
Feminax:	Y
Numark:	W
L'Oreal Belle Color:	W
Duo-Tan:	W,M,Y
Velvet:	W
Parim Lancôme:	M
Phillips Vetzyme:	W
Plough Coppertone:	Y
Maybelline:	W,M,Y
Reckitt & Colman All Over Softly:	W
Revlon:	M
Richards & Appleby Buf Puf:	M
Nailoid:	W,M,Y
Richardson Vicks Clearasil:	Y
Rimmel:	W,M
Robins Chapstick:	M
Roc:	M
Helena Rubinstein:	M
Sanatogen tonic wine:	W
Sancella Bodyform:	Y
Vidal Sassoon:	M
Shulton Choc de Cardin:	M
Smith & Nephew Nivea:	M,Y
Strenol EP tablets:	W,Y
Tampax:	W,Y
Thompson Aqua Ban:	W,Y
Bran Slim:	W
Slimline:	W,Y
Unibiogem Juvena:	M
Uniclife Limmits:	M
Warner Lambert Poly Colour:	M
Wella:	W,M,Y
Zena cosmetics:	M,Y

R-V win the race for Sassoon

Richardson-Vick have emerged as the buyer for Vidal Sassoon. This follows speculation last week that Beecham were in the running.

Announcing the news, John S. Scott, president of Richardson-Vick Incorporated, comments: "This acquisition will further support our strategies to build a more significant personal care business and achieve a better balance between our US and international business."

The company also recently took over Pantene.

'Very strong base'

Tony de Paiva, UK managing director, believes "the Vidal Sassoon business will be an exciting and significant addition to the Richardson-Vick's operation in the UK and we look forward to developing from this very strong base in the haircare market".



In May every 150g pack of All Clear shampoo will come with an extra 66 per cent free. Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY

ICML: a golden opportunity

Independent Chemists Marketing Ltd are offering members the opportunity of receiving a 22 carat gold-plated necklace and matching bracelet with every five member packs of Nusoft personal products, in addition to the usual bonuses and consumer savings. During May and June products on promotion will include the Nusoft cot sheet, digital medical

thermometer, Nusoft pink and green liquid soap, Lotus bubble bath, cold cream, nail polish remover, and shampoo, Nuhome kitchen towels, Nusoft deluxe rubber gloves, Sunpure honey, fruit juice and full fruit, Nuhome washing-up liquid, aluminium foil, toilet rolls, floor and wall cleaner, antiseptic, cream cleanser, fabric softener and conditioner, bleach and pine disinfectant.

Increased margins and a bonus of £0.25 are being offered on Nucross glucose and a 7½ per cent bonus is offered across the tablet cartons range. In addition, ICML are continuing their offer of a free executive case with a composite pack of flash.

Part II of 'Shoppers' Choice' promotion

With first prize an Austin Maestro, two second prizes of Panasonic VHS video recorders and ten runner-up prizes of Panasonic 16in portable colour televisions, the second part of the Numark "Shoppers' Choice" promotion runs in-store from May 9-21. Superbuys

We'll butter up your customers this summer

The latest addition to the Immac range is new Immac Lotion with Cocoa Butter. New formula, new fragrance, new pack colours. It's bound to have a huge impact on sales, particularly when you consider that the Immac range already represents the best-selling depilatory used by women today.

We'll be backing new Immac Lotion with Cocoa Butter with its own press campaign in top women's magazine titles. And we'll be linking it, too, with an exclusive self-liquidating offer of designer silk underwear.

By buttering up some of your customers, we are smoothing the way for more of your sales and profits.

Immac*
Now with cocoa butter too!

*Trade mark



included are Harmony hairspray, Kotex Simplicity, Head & Shoulders shampoo, Flex balsam and protein shampoo and conditioner, Poly Foam aerosol perm, Mum Quick Dry, Pampers, Gil cartridges, Colgate dental cream, Recital shampoo and colourant, Milupa infant foods, Vespré and Harmony colourants. Advertising will appear in *The Sun*, *Daily Mail*, *Daily Express*, *Sunday Post*, *Woman's Own* and on Ulster television.

Additional products on promotion will include Marigold housegloves, Handy Andies, Whistling Pops, Robinsons barley waters and whole fruit drinks, Body Mist aerosol, Kleenex tissues, Nivea creme and lotion, Brut 33 antiperspirant and deodorant and Sensodyne toothpaste.

Optional extras include Codis, Oraldene, Germolene medicated foot spray, All Fresh, Anadin and Milk of Magnesia. Merchandising material is available. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts BA12 9JU.*

Vestric May offers

Vestric member offers for May include Carefree panty shields, Crest toothpaste, Snugglers, Gillette Contour cartridges, Blue 11 disposable razors, Henara gloss shampoo with free conditioner, Kotex Simplicity, Soft 'n Sure, Brevia and Sylphs, Libresse Pennywise, Mum Quick Dry roll-on, Signal toothpaste, Supersoft hairspray and shampoo, Sure anti-perspirant and Wella IQ shampoo and conditioner. *Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

...and Unichem too

Unichem's third top ten bonanza promotion will run from May 1-31. The ten products in the promotion are Crunch n' Slim, Imperial Leather soap, Kleenex for Men, Macleans toothpaste, Panty Pads 10s, Polytint, Radox herbal bath, Sunsilk hairspray and shampoo and Sweetex.

Included in the members offers promotions, the first section of which runs from May 7-31, are:

Alka Seltzer, All Fresh clean-up squares, Bisodol tablets, Bodyform, Denim, Elastoplast dressing strips, Germolene medicated foot spray, Gillette foamy and BII disposable razors, Head and Shoulders, Harmony hairspray, Hedeve, Impulse bodysprays, Joy-rides, Glints, Listermint, Mum Quick Dry, Nair, Palmolive bath soap and shave cream, Radox salts and showerfres, Signal toothpaste, Style, Seboll rough skin remover and Savlon liquid

Offers available in the second section, to run May 16-31, are:

Milupa infant foods, plain rice cereal, 7 cereal breakfast, 7 cereal rusks, baby milk and yogurts, Aptamil, Pampers, Unichem baby wipes and press-on towels

Sundries on special offer throughout May are:

Griptight Soothers range, Addis Duet toothbrush, Healibreathe 5 day diet plan, super Lecitbin capsules, Vitamin super E 250 and 1000 IU capsules, Health & Heather garlic perles, the Croydex bathroom range, Unichem feeding bottle, teat 3 pack, bottle brush, clinical thermometers, mattress cover and manicure range. *Unichem Ltd, Crown House, Morden, Surrey.*

PRESCRIPTION SPECIALITIES

Geigy new products

Geigy have introduced a slow-release formulation of Voltarol and a sustained-release presentation of Anafranil.

Voltarol Retard tablets contain 100mg diclofenac sodium, and are circular, slightly biconvex, pale red, approximately 9mm in diameter and imprinted "Voltarol R" on one side and "Geigy" on the other (28 tablets £11.98 trade POM). The recommended dosage is one 100mg tablet to be given once daily.

Anafranil SR tablets are pink, film-coated, round, slightly biconvex with slightly bevelled edges, imprinted "Geigy" on one side and "GD" on the other, approximately 8mm in diameter, and each containing 75mg clomipramine hydrochloride in a sustained-release formulation (100 tablets £25.30 trade POM). *Geigy Pharmaceuticals, Wimbleshurst Road, Horsham, West Sussex RH12 4AB.*

Mexitil perlongets

A new presentation of Mexitil is available from Boehringer. Mexitil PL perlongets (60, £11.76) turquoise scarlet hard gelatin capsules containing five mini-tablets constituting 360mg mexiletine hydrochloride in sustained release form. One capsule 12 hourly will maintain therapeutic blood levels in the treatment of ventricular arrhythmias. *Boehringer Ingelheim Ltd, Southern Industrial Estate, Bracknell, Berks.*

Tagamet indications

Three new indications for Tagamet have been announced by Smith, Kline and French. They are the prevention of bleeding from stress ulcers in seriously ill patients and those who have suffered major injury or extensive burns; the avoidance of acid respiration in patients undergoing operation and particularly in obstetric patients who might require emergency surgery; and reduction of malabsorption and fluid loss following removal of a large section of the small bowel. *Smith, Kline & French Laboratories Ltd, Welwyn Garden City, Herts.*

Physeptone livery

Over the next few months the packaging used for Physseptone will change from the Wellcome Medical blue livery to the Calmic Medical black on white packaging. The order of change will be Physseptone Linctus (500ml), followed by

injection (box of 100), tablets (100), and finally injection (box of 5). These changes affect only the packaging and no Wellcome Medical packs will be accepted back for consideration of credit or replacement. Calmic Medical representatives will now be responsible for dealing locally with any enquiries concerning Controlled Drugs marketed by Wellcome. *Calmic Medical Division, The Wellcome Foundation Ltd, Crewe Hill, Crewe, Cheshire.*

Betadine repacked

New packs for the Betadine range are introduced this week. The gargle and mouthwash is now presented in a glass bottle with a measuring cap, and a new label design. A 250ml pack of the shampoo (£1.68 trade) replaces the 100ml pack. The 100ml packs of skin cleanser and scalp and skin cleanser are also replaced with 250ml packs (£1.68 and £1.99 trade respectively). *Napp Laboratories, Hill Farm Avenue, Watford, Herts WD2 7RA.*

Erythrocin B-pack

Abbott Laboratories are adding a further compliance pack to their Erythrocin 500 range. The B-packs are blister packs containing 10 or 15 tablets for a twice or three times daily five-day course. The reverse of the pack specifies when the tablet should be taken (10 x 10 tablets £18.79, 5 x 15 tablets £14.10. Both prices trade). *Abbott Laboratories Ltd, Queensborough, Kent ME11 5EL.*

Pimafucin down one

Pimafucin vaginal tablets, currently presented in a calendar pack of 21 tablets, are to be replaced as stocks are exhausted with a new pack of 20 tablets (£1.66 trade). The dosage regime is to be one tablet inserted high into the vagina at bedtime for 20 nights. Alternatively in candidal infections, one tablet may be inserted night and morning for 10 days. *Brocades (Great Britain) Ltd, Brocades House, Purford Road, West Byfleet, Weybridge, Surrey KT14 6RA.*

Iodosorb

Stuart Pharmaceuticals have introduced Iodosorb for treatment of venous ulcers and pressure sores (7 x 3g sachets £10.95 trade POM). Data sheet next week. *Stuart Pharmaceuticals Ltd, Carr House, Carrs Road, Cheadle, Cheshire.*

The chemotherapy of cancer: Part 3

by Dr N.D. Harris and Mr R.J. Greene, Chelsea College, Department of Pharmacy, University of London

The drugs used for the treatment of cancer are of limited effectiveness and high toxicity. Nevertheless, many forms of cancer, at one time often fatal, can now be cured or the patient's survival and quality of life improved markedly by their use in association with other forms of therapy. The ways in which this is done and the exciting prospects for even greater benefits in the near future are described in this final article.

The previous article in this series discussed a number of fundamental principles concerning the use of cytotoxic drugs, and the ways in which they act on experimental tumours were outlined. However, as is often the case in practical therapeutics, these principles are translated only imperfectly into the actual process of treating cancer patients. This is a particular problem in cancer chemotherapy for a number of reasons.

Firstly, the safety margin of these drugs (their therapeutic ratio) is inherently low because of the necessity to kill tumour cells which are only marginally different from the normal cells. It is difficult to do this without so damaging the normal tissues that the patient suffers excessively from the treatment and, in an extreme case, may die from it. This selective kill is achieved primarily by exploiting what are really quite subtle differences in the kinetics of cell growth, as discussed previously. The problem is exacerbated by the fact that tissues of the body which divide most actively have kinetic features which are very similar to those of tumours and are vital for health and survival, ie. the bone marrow and the gastrointestinal epithelium.

Further, untreated neoplastic disease is often fatal within a relatively short time after diagnosis. It is responsible for about 20 per cent of all deaths and is the most dreaded of all diseases. We are therefore prepared to licence and use drugs of comparatively limited effectiveness, and which produce a much greater range and intensity of adverse reactions than in any other therapeutic area.

Another aspect of the problem is that the practice of medicine is, rightly, rather conservative and practices change only slowly, unless the benefits of new forms of treatment are clearly seen to outweigh

the disadvantages. We all appreciate that the loss of esteem of drug treatment generally, and the greater public awareness of adverse drug reactions produced by experiences with such drugs as thalidomide and benoxaprofen, has led to greater difficulty and cost in introducing new drugs. It is thus understandable that many doctors are reluctant both to expose patients to drugs of known high toxicity until other measures have failed and to use intensive chemotherapy at doses far higher than those which are known to be lethal when used over a longer period.

An outstanding example of this occurs

with methotrexate. The normal maximum oral dose is 25mg weekly, at which level adverse reactions, including bone marrow depression, mouth ulcers, nausea, vomiting and diarrhoea are common and at which damage to the kidneys, lungs and liver may also occur. Understandably, it may be difficult to accept that single doses of 2,000mg may be given safely and beneficially, provided that certain precautions are taken. The British National Formulary No.4 is not only very cautious in its approach to intensive chemotherapy but also advises, quite rightly, that it should be used only in specialist centres where staff are skilled in its use and thoroughly familiar with the problems which may arise.

Yet many of the problems can be foreseen and avoided. Thus hair loss with doxorubicin can be largely prevented by short-term scalp cooling, and that caused by other drugs can be disguised with wigs. Nausea and vomiting may be intolerable, eg with cisplatin, but may be prevented by large doses of metoclopramide. Unpleasant memories of the experience are largely avoided by exploiting the amnesic effects of benzodiazepines.

In addition to the general toxicity to the bone marrow, gut, skin and hair, some agents have specific toxicity to certain organs, eg bleomycin to the lung, daunorubicin to the heart and vincristine to the central nervous system (Table 1).

Another very important aspect of drug toxicity is the harmful effects on ward

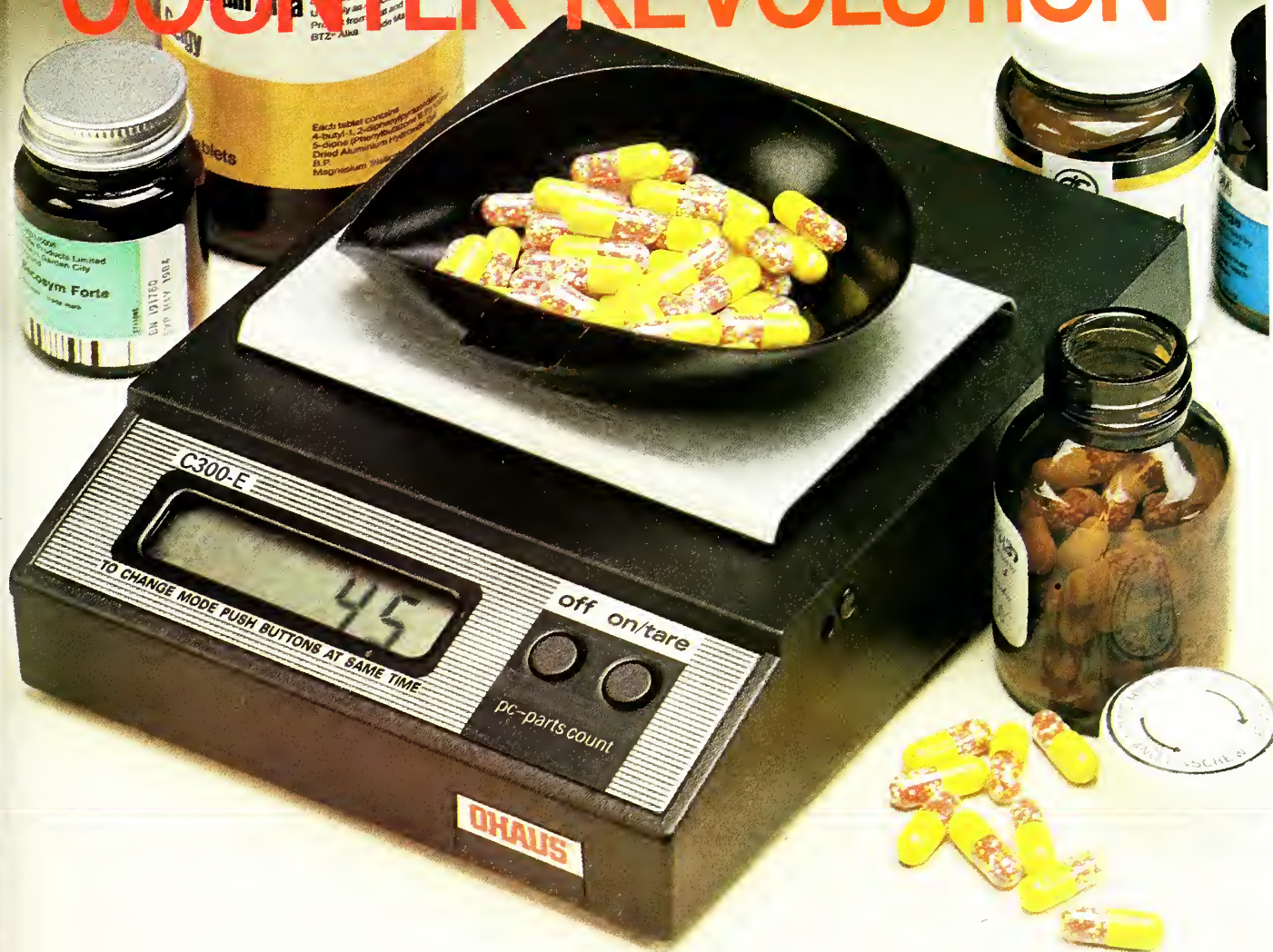
Continued on p75

Table 1
The principal adverse reactions to some commonly used cytotoxic agents

Cytotoxic agent	Adverse reaction or system affected							
	Bone marrow & immuno-suppression	Nausea/ vomiting/ diarrhoea	Hair loss	Lung fibrosis	Heart	Kidney & bladder	Skin	CNS & nerves
Antimetabolites								
Cytarabine	+	+				+		+
Methotrexate	++	++	(+)	+		+	++	+
Fluorouracil	++	++	(+)	(+)	+	(+)	(+)	+
Alkylating agents								
Mustine	+++	+++	+				+	+
Cyclophosphamide	++	+	++	(+)	(+)	++	+	(+)
Chlorambucil	++	+		(+)		+	+	(+)
Carmustine	++	+	(+)	+		+		
Vinca alkaloids								
Vincristine	(+)	+	++		(+)	++		+++
Antibiotics								
Actinomycin D	++	++				+	+	++
Daunorubicin	++	+	++		+++			++
Doxorubicin	++	+	+++		+++	(+)	+	
Bleomycin	(+)	+	+	+++			+++	
Miscellaneous								
Dacarbazine	++	++	+	(+)			+	+
Cisplatin	++	+++			+	+++		++
Hydroxyurea	++	++	++				++	

(+) = reaction uncommon or not severe

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Continued from p756

staff who handle the medicines, including pharmacists who are becoming increasingly involved in the preparation of drugs prior to injection. It is incumbent on those responsible for the provision of a pharmacy cytotoxic service to ensure the safety of the pharmaceutical staff concerned. In particular, *horizontal laminar flow screens are completely unsuitable*, since these blow any drug aerosol etc, directly at the operator.

Drug resistance

It has already been mentioned (*C&D* January 1/8, p26) that the resistance of tumour cells to cytotoxic drugs is a much greater problem than that of the resistance of bacteria to antibiotics. Drug resistance occurs more frequently after the use of single agents than after combination chemotherapy and the prognosis is usually poor when relapse occurs in these circumstances. It is essential to use the most effective treatments as aggressively as the patient can tolerate as early as possible.

However, this approach has not been usual in the past, when patients with so-called "early" or "local" disease were treated with surgery and/or radiotherapy. Chemotherapy was reserved for the treatment of patients with recurrent, disseminated or advanced disease. We have already seen that these are the circumstances in which cytotoxic chemotherapy is least likely to succeed. It is pleasing to note that this approach is gradually giving way to a more rational one in which effective drug treatments are developed in advanced disease and the protocols are then refined to improve safety and patient acceptability. This improved, safer chemotherapy is then integrated with surgery and radiotherapy in an aggressive attack on tumours with a currently poor prognosis.

One objection to the use of adjuvant chemotherapy is that patients who may be rendered disease-free by surgery and radiotherapy will be unnecessarily exposed to the hazards and adverse reactions of chemotherapy. However, if the drug treatments can be made safer and more tolerable this exposure can be regarded as acceptable in view of the potential benefits to the large number of patients with an otherwise poor prognosis.

The design of drug combinations

Although many oncologists would argue that the principles outlined in the previous article are of limited value in the design of

the drug regimes, it nevertheless transpires that combination chemotherapy is the most common way of using drugs. The drugs chosen have different biochemical modes of action, they act at different points in the cell cycle and belong to both of the kinetic classes. Early adjuvant chemotherapy is increasingly common. Table 2 illustrates this for one combination which is often used to treat patients with Hodgkin's lymphoma.

Table 2
The MOPP combination used for Hodgkin's lymphoma

Drug	Mode of Action	Kinetic class	Phases of cell cycle in which more active*
M Mustine	Alkylating agent	III	M G1/S boundary S/G2 boundary M,S
O Vincristine (Oncovin)	Mitosis inhibitor	II	
P Procarbazine	DNA damage		
P Prednisone	Antimetabolite Inhibits DNA and protein synthesis Anti-inflammatory	II —	GI/S (S)

*Brackets indicate uncertain site of action

Patient monitoring and management

The decision to institute therapy and the selection of the particular treatments which should be used will depend on the general health of the patient, the stage of the disease and the extent to which it has metastasised, and a knowledge of the natural history of the disease and its prognosis. Thus the approach will vary, depending on whether a malignancy is potentially curable (eg Hodgkin's lymphoma, testicular teratoma, uterine carcinoma), usually incurable (eg large cell bronchial carcinoma, brain tumours) or if it normally progresses rather slowly (eg some breast and ovarian carcinomas).

General measures of support designed to improve the patient's health and morale are extremely important. Many patients present in a very poor nutritional state, feeling generally ill, anorexic and showing cachexia (abnormal weight loss). Often they are anaemic, have fluid and electrolyte imbalances and are prone to a variety of infections. It is clearly important to correct such abnormalities as far as possible. Careful management of symptoms arising from the disease or its treatment are essential, eg allopurinol to avoid gout caused by uric acid produced from the breakdown of large numbers of cells as a result of chemotherapy or radiotherapy.

Emotional disturbance is common and wholly understandable, especially when treatment can follow very rapidly after

the first presentation of symptoms. For example, a patient may have some bowel disturbance for a time, with rectal bleeding and pain attributed initially to haemorrhoids. More severe symptoms then develop (pain, abdominal distension, vomiting) due to obstruction, and the condition progresses rapidly to large bowel removal and stomatherapy. Emotional trauma is unavoidable in such a case.

It is clearly preferable to have time to prepare patients and their families, placing emphasis on positive aspects, eg the probable benefits of treatment, rather than the adverse reactions which may occur and the assurance of support and of freedom from pain.

Probably the most important aspect is to permit the patients to discuss their feelings and concerns in their own way. While most of this is within the province of the hospital or general practitioner, the pharmacist must also be prepared to offer sympathetic support and encouragement. Embarrassment or repugnance at attempts by patients to discuss their problems can only confirm their worst fears, which are frequently unfounded.

Palliation

Currently only about 30 per cent of patients attending an oncology clinic can be offered the prospect of cure or significantly prolonged survival. Most can only be offered palliation, ie treatment designed to relieve distressing symptoms and restore an acceptable quality of life rapidly with minimal intervention. The term is not synonymous with terminal care. Palliative treatment will involve the general measures outlined above, symptomatic treatment and surgery, radiotherapy and cytotoxic chemotherapy to control specific symptoms.

Continued on p763

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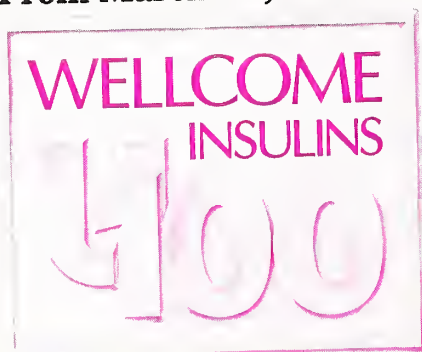
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Prescribing Information

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Dosage and administration. Dosage to be determined by the physician. Site of injection to be changed according to suitable routine. Avoid unintentional intravascular injection. *Neusulin, Insulin Injection BP:* Administered s.c., i.m. or i.v. S.c., onset of action within 30-60 minutes, duration 6-8 hours. I.m., onset is faster and duration is shorter. I.v. administration has fastest onset and shortest duration, usually reserved for investigational use or diabetic ketoacidosis. *Neuphane, Neulente:* Administered s.c. or i.m. *Not to be given i.v.* S.c., onset of action within 2 hours, duration (Neuphane) 20-24 hours, (Neulente) 24-28 hours. I.m., onset is faster and duration shorter. Mix well by gently inverting the vial several times before use. *Mixing:* Neusulin

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Injection BP may be mixed in the syringe, on medical advice, Neuphane or Neulente if required, *provided the mixture is injected separately*. However, it is preferable to avoid mixing insulins of different pH. See data sheet for procedure. **Contra-indications** Hypoglycaemia. **Precautions** Dosage requirement may alter with change of lifestyle, infection, pregnancy and with change in species, purity of insulin. Hypo- and hyperglycaemia may be enhanced by drugs which interact with insulin. Beta-blockers may affect insulin action and mask hypoglycaemia. MAO inhibitors may potentiate hypoglycaemia. **Side-effects** Hypoglycaemia. Possible altered visual refraction. Local reactions at the site of injection. **Storage** Store at 2-8°C. Do not freeze. Avoid direct sunlight. **Presentation** Neusulin,

Neuphane, Neulente and Insulin Injection BP (purified) Wellcome* are available as 100 units per ml, in vials of 10ml.

Basic NHS costs

Neusulin 100 units/ml PL3/061 £5.70
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Continued from p758

The treatment of some neoplastic diseases

General procedures to be observed in all cases:

1 Treatment should be given in short pulses, the interval between which should allow for the blood counts to return to the levels normal for the patient being treated, rather than to some arbitrary norm. Usually four weeks is adequate. Combinations causing delayed bone marrow recovery, eg those containing melphalan, mitomycin and nitrosoureas, should have an extended interval of six to eight weeks between treatment pulses.

2 Patients receiving drugs with a predominantly renal excretion, eg methotrexate, hydroxyurea, cisplatin, doxorubicin, mitomycin, must be well hydrated with intravenous fluids and passing ample urine.

3 Patients given high dose methotrexate must have "folinic acid rescue", ie calcium folinate must be given about six to 12 hours after the methotrexate to protect bone marrow stem cells which have been recruited into cycle. If renal function is moderately impaired folinic acid rescue must be prolonged. If renal function is less than half normal, methotrexate should not be used.

4 Cardiotoxic drugs, primarily daunorubicin and doxorubicin, should not be given if there is a history of heart failure. The maximum cumulative total dose of either of these is 550mg per sq m.

5 Interstitial pneumonia and pulmonary fibrosis occur with many drugs and these should not be given if there is respiratory impairment. In particular, the total dose of bleomycin should not exceed 150mg unless special precautions are taken.

6 Doses of Class III agents, eg alkylating agents, actinomycin D, daunorubicin, fluorouracil and mitomycin should be reduced when they are combined or used as adjuvants to extensive radiotherapy.

Lung cancer This is the commonest malignancy, the majority of tumours occurring in the main bronchi. The death rate has increased four fold since 1960 to about 35,000 per annum, the male / female ratio being about six, though the proportion of female deaths is increasing rapidly. About 97 per cent of the male deaths are directly attributable to cigarette smoking. Other atmospheric pollutants, including occupational ones such as asbestos, contribute somewhat. There are three principal (histological) types: *squamous cell carcinoma* (SCC, mostly males, about 50 per cent of all lung cancers), *adenocarcinomas* (ADNC, equal sex incidence, about 15 per cent)

and undifferentiated *oat cell* (small cell) *carcinomas* (commoner in males, about 30 per cent).

The predominant symptoms are cough, dyspnoea (breathlessness) and haemoptysis (coughing blood), resembling those of chronic bronchitis and bronchiectasis, but fatigue, fever (PUO, pyrexia of unknown origin), anorexia and hoarseness may occur. Finger clubbing, an enlargement and rounding of the finger tips, is often present and invasion and metastasis result in diverse symptoms.

Surgery or radiotherapy may cure about 4 per cent of cases with SCC or ADNC and chemotherapy is also ineffective. However, promising results have been obtained in the chemotherapy of oat cell carcinoma which disseminates early and widely. (Fig 1A.)

Breast cancer This is the commonest malignancy in women and may progress rapidly or slowly. About 1 per cent of cases occur in men. It is less common after multiple pregnancy, after prolonged breast feeding and in the lower socio-economic classes.

The clinical presentation may be with a lump, exudation or ulceration and eczematous and other skin lesions and it is often disseminated at the time of diagnosis, especially to the bones.

Initial assessment includes the determination of the hormone receptor status of the tumour using radioactively labelled hormones. If oestrogen (60 per cent of tumours) or oestrogen plus progesterone (30 per cent of tumours) receptors are present the patient may have a much better prognosis and the tumour is likely to respond to hormone therapy.

The current treatment approach, in general terms, is to use minimal surgery, to remove the lump, plus radiotherapy, with hormone and cytotoxic therapy being reserved for more advanced or selected cases. Even

in these very difficult circumstances, cytotoxic chemotherapy gives significantly improved survival in 75 per cent of cases. Trials of adjuvant chemotherapy are in progress and there is every hope of major improvements in treatment over the next five to ten years.

Hormone therapy should be reserved for

hormone receptor positive patients. In the premenopausal patient, removal of the ovaries or their destruction (ablation) by radiation is often followed by corticosteroids or aminoglutethimide to suppress adrenal function. Androgens (eg fluoxymesterone) may be used, but their adverse (virilising) effects are usually unwelcome. In perimenopausal women (menopause plus five years) ovarian ablation or the anti-oestrogen tamoxifen may be effective, but this is the most difficult group to treat. In post-menopausal patients, oestrogens or tamoxifen may give good results.

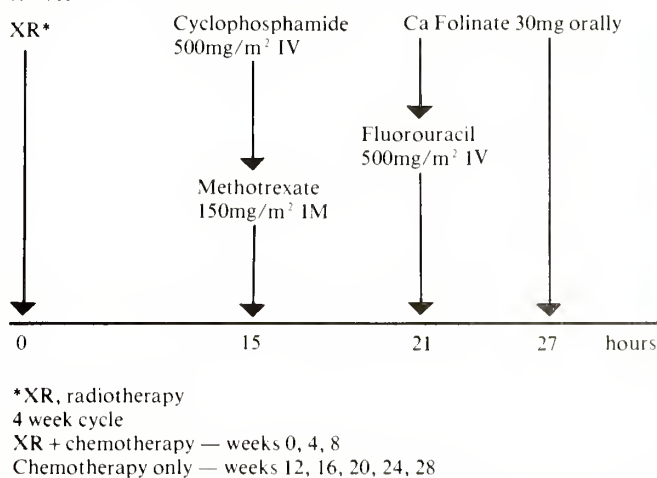
In all forms of hormone therapy there may be transient exacerbation of the disease, due to tissue stimulation, accompanied by hypercalcaemia. The latter can be controlled by a saline infusion plus frusemide regime or by a short course of treatment with mithramycin.

Genito-urinary tract tumours The second most common malignancy in women, causing about 12 per cent of cases, is *cervical carcinoma*. The incidence is increased by promiscuity, bearing many children and low social status, and possibly by genital herpes simplex infection. Male partner circumcision is associated with a low incidence. Some 95 per cent of cervical carcinomas are squamous cell malignancies, which arise in about 30 per cent of those women who show pre-malignant changes. As such changes may be present for some ten years before malignancy occurs, the Papanicolaou test (cervical smear) to detect pre-malignant changes followed by surgery, laser therapy or cytotoxic agents provides the most satisfactory method of management and gives excellent protection. Even treatment of early disease will give better than 80 per cent survival at five years.

Testicular tumours may be seminomas

Continued on p766

Fig 1A Treatment protocol for lung cancer



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Continued from p763

(75 per cent) or teratomas (20 per cent). Both types are now largely curable by a combination of surgery, radiotherapy and chemotherapy.

Choriocarcinoma (a malignancy arising in the placenta) occurs in 1 in 30,000 women in Europe and is ten times more common in Asia. About 50 per cent of these arise in hydatidiform moles (a placental degeneration occurring in about 1 in 2,500 pregnancies), 25 per cent follow spontaneous abortions and the remainder occur after a normal or ectopic pregnancy. Following surgery to control bleeding residual disease is controlled with methotrexate or actinomycin-D, which gives about an 85 per cent cure rate. If response does not occur combination chemotherapy (actinomycin-D / vincristine / cyclophosphamide) is used. The majority of patients are cured and, if hysterectomy has not been required, further pregnancy is safe after two years.

Leukaemias Tumours are the second most frequent cause of death in children, the incidence of new cases being about 1 in 10,000 in the 0-14 age group. Nearly 40 per cent of these are *acute lymphoblastic leukaemia* (ALL) and a further 25 per cent occur in the central nervous system. ALL is commonest at four years. Remission is induced by combination chemotherapy (eg prednisolone / vincristine / colaspase) followed by cranial irradiation to eliminate the small numbers of tumour cells which are left in the central nervous system. It may also be necessary, controversially, to irradiate the testes in boys. Patients are then usually maintained on single agent chemotherapy (methotrexate, mercaptopurine or cyclophosphamide) for two years or more. More than 50 per cent of cases are completely cured but, if relapse occurs, other combinations may initiate further remission. ALL is currently under intensive investigation in the multicentre UKALL trial.

Other acute leukaemias occur in adults and, although the outlook is less satisfactory than in ALL, treatment prolongs life and some patients are cured.

The chronic leukaemias are more common than ALL and occur in adults. *Chronic lymphocytic leukaemia* (CLL) occurs in the over 50 year age group and is the commonest type of leukaemia, while *chronic myeloid leukaemia* (CML, mostly 15-40 years) causes about 25 per cent of all leukaemias and is often associated with a bone marrow chromosome abnormality. The prognosis in CLL is generally reasonable (average survival greater than five years) but with CML the outlook is poorer (three to four year survival) and usually little can be done to control the final stage (blastic crisis).

Malignant lymphomas *Hodgkin's disease* is the commonest of the group with an incidence three to four cases per 100,000 per year, occurring primarily in the 15-35 age group or in the over 50s. There is some evidence for a viral causation, but there seem to be many interrelated causes.

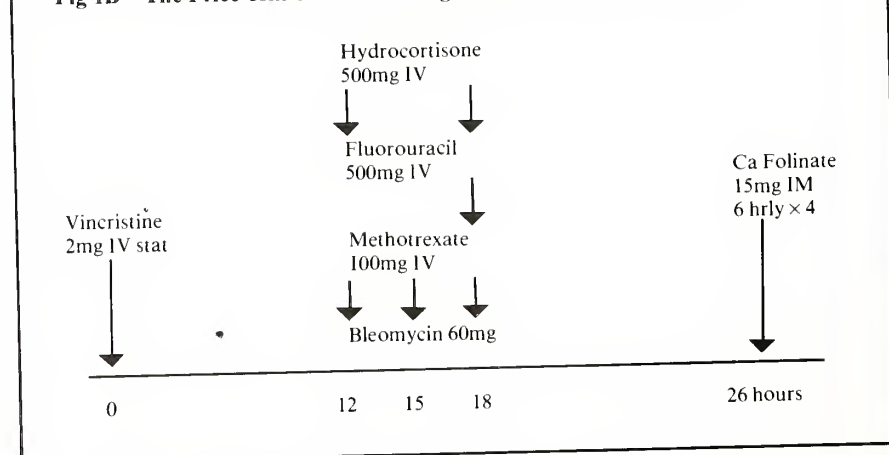
Localised disease is treated by megavoltage irradiation. In advanced disease, cyclical combination chemotherapy is used, one of the principal problems being immunosuppression leading to opportunist infection by viruses, *Candida albicans*, bacteria and filamentous fungi. The prognosis has been revolutionised in the last 20 years, with a better than 80 per cent response rate in early disease and 50 per cent in

may be disfiguring. Intensive combination chemotherapy has given promising results, eg the Price Hill regimes (Fig 1B).

Thyroid cancers are treated by radical surgery and radiotherapy or radioiodine-131. Hyperthyroidism, which is non-malignant, is treated primarily with radioiodine, but surgery and antithyroid drugs also have a place. Treated patients need long term follow-up to ensure normal levels of thyroid hormone.

Skin cancers Basal cell and squamous cell carcinomas are largely curable by surgery plus radiotherapy or chemotherapy. Malignant melanomas are uncommon and, though they arise from melanocytes, are occasionally non-pigmented. Surgery

Fig 1B The Price-Hill Schedule. A regime for head and neck cancer



widespread disease, but many factors influence the outcome (age, sex, histological type, stage of disease).

Non-Hodgkin's lymphomas include a very mixed group of diseases, mostly occurring in the 50-70 age group. In some types the outlook is good, but poorer than in Hodgkin's lymphoma, whilst others may be rapidly fatal.

Colonic and rectal cancer This is one of the commonest forms of malignancy, causing more deaths than any other in white races. Predisposing factors include certain other diseases (long-standing ulcerative colitis, familial polyposis) and low residue or highly processed diets. Multi-modal treatment with surgery, which may lead to stomatherapy, chemotherapy and radiotherapy is usual. Radiotherapy is appropriate only for rectal tumours, since irradiation of the colon leads to numerous bowel and kidney problems. Early diagnosis and treatment gives about 80 per cent survival at five years, the outlook being progressively poorer with advancing disease.

Head and neck cancer Almost any of the structures in this region may be affected. Results with radiotherapy and surgery have been disappointing and the latter

gives excellent results in early localised disease, but the outlook is poor once metastasis has occurred.

The future

Cancer comprises a large number of different though related diseases which may affect almost any tissue or organ, with a corresponding diversity of symptoms. The development of new drugs and intensive combination chemotherapy, especially as an adjunct to surgery and radiotherapy, have revolutionised the outlook and many patients are now cured or remain disease-free for many years. It is clear that this most feared of all diseases is in retreat and that the next ten years will show substantial advances.

The community pharmacist has an important role to play in the recognition of symptoms, often apparently trivial, which may indicate the presence of early disease (C&D October 16, 1982, p711), in educating the public to the fact that cure is possible and in encouraging patients to seek early treatment and so, hopefully, converting that possibility into a probability. ■

DIARRHOEA

Oral rehydration in acute diarrhoea—A role for the Pharmacist

“Pharmacists have a special responsibility and opportunity for instructing parents about how to use rehydration correctly.”¹

Why oral rehydration?

Oral rehydration therapy to replace and maintain the body's balance of fluid and electrolytes is now recognised as first line therapy in acute diarrhoea.

Essential therapy for the young

Infants and young children are at particular risk of dehydration resulting from diarrhoeal

The dangers of “home-made” rehydration mixtures

One long standing piece of advice; ‘drink plenty of fluids’; whilst correct, is liable to misinterpretation by parents of children with diarrhoea.

The ideal rehydration solution is one that is nearly isotonic, containing appropriate amounts of electrolytes with a glucose/sodium balance to enhance absorption.

diarrhoea, and should generally be withheld for twenty-four hours. Soups, beef or yeast extract and ‘glucose’ drinks are inadequate to meet the total needs of the patient.

Home management can be successful

Of course the great majority of cases of diarrhoeal illness clear up within a day or two, irrespective of treatment. Yet gastroenteritis remains one of the top five reasons for hospital admission in the 6 month–2 year age group. Few of these cases will have received oral rehydration therapy.

Appropriate home management can help avoid severe dehydration. Ready-made rehydration mixtures such as Rehidrat remove the need for “home-made” solutions and their attendant risks.

Parents need only add cooled, boiled water to each sachet and offer this in place of all usual food and drink until the diarrhoeal illness is resolved. A normal diet can be reintroduced gradually after a marked reduction in diarrhoea for a period of 24 hours.

This first line therapy in no way interferes with further medical investigation that the family doctor or hospital doctor deem necessary and in the great majority of cases, is all that is required.

The first aid in diarrhoea



Full prescribing information is available on request

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illness, and unfortunately this is frequently difficult to detect until well advanced.

In fact mild dehydration can be assumed in any child with acute watery diarrhoea and appropriate rehydration steps should be taken.

A case for the doctor

Pharmacists are often consulted by people with diarrhoeal illness and some of these will need to consult their doctors. Infants, those with particularly severe or recurrent diarrhoea and anyone recently returned from “abroad” should be seen by their doctor.

However, there is one thing the Pharmacist can always offer with confidence, that is advice on rehydration.

Many ‘fluids’ readily available at home do not meet these criteria.

Milk, with the exception of breast milk, is often indigestible for a young child with

Prescribing Information

Presentation Foil/laminate sachet containing 14g of lemon and lime flavoured greyish-white granular powder with green particles

When reconstituted with 250ml

Composition	Each sachet contains	water provides:
Sodium Chloride Ph. Eur.	0.44g	Sodium 50mmol/l
Potassium Chloride Ph. Eur.	0.38g	Potassium 20mmol/l
Sodium Bicarbonate Ph. Eur.	0.42g	Chloride 50mmol/l
Citric Acid Ph. Eur.	0.44g	Bicarbonate 20mmol/l
Glucose	4.09g	Glucose 91mmol/l
Sucrose Ph. Nord	8.07g	Sucrose 94mmol/l
Fructose	0.07g	Fructose 2mmol/l

Uses Oral replacement of fluid and electrolyte losses and subsequent maintenance of electrolyte equilibrium in mild or moderate dehydration associated with diarrhoeal disorders in infants, children and adults

Dosage and Administration Refer to data sheet for full details of dosage and administration. Use in under 3 year olds should be on medical advice. The contents of one 14g sachet should be dissolved in 250ml (approximately half a pint) of freshly boiled AND COOLED water. For mild diarrhoea a simplified dosage scheme

Pharmacists, by advising on the modern management of diarrhoeal illness, can provide a real service to both the public and the hard pressed medical profession.

may be suggested. Young children may be given Rehidrat solution in quantities usual for their normal needs, in conjunction with an appropriate graduated feeding regimen. Older children and adults may be allowed to drink Rehidrat solution to satisfy their thirst. **Contraindications** Renal impairment manifesting as oliguria or anuria, intestinal obstruction, paralytic ileus, intractable vomiting, severe diarrhoea and dehydration requiring parenteral fluid therapy. **Warnings and Precautions** Rehidrat should not be mixed or given with electrolyte containing solutions. Salt or sugar should not be added to Rehidrat. The sugar content of Rehidrat should be considered when treating diabetics. Administration of oral glucose-electrolyte solutions to patients with glucose malabsorption may worsen diarrhoea.

Adverse effects Incorrect dilution could result in abnormalities of carbohydrate and electrolyte balance.

Retail price £1.17 for 3 x 14 gm sachets

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Reference 1. The Pharmaceutical Journal, June 26, 1982, pp 725-7

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Sell at **£0.99**
Offer Price £7.80

VANTAGE
Sell at **£0.95**
Offer Price £7.44

Profit On Cost 17.65%

12 x 200ml

Vestric
A Sell at **£1.77**
Offer Price £24.00
B Sell at **£4.17**
Offer Price £17.70

VANTAGE
A Sell at **£1.69**
Offer Price £22.92
B Sell at **£3.98**
Offer Price £16.90

Vestric
Sell at **£0.50**
Offer Price

Product	Size/Pack	Price	Normal RSP	Vestric Price	Vestric RSP	Vantage Price	Vantage RSP
CAREFREE PANTY SHIELDS Deodorant/Regular	24 x 10	7.915	—	6.24	36	6.00	35
Deodorant/Regular	12 x 30	10.824	—	8.58	99	8.28	95
CREST TOOTH PASTE Regular/Freshmint	24 x Fam	12.47	—	11.10	64	10.68	61
Regular/Freshmint	36 x Ex Lge	15.00	—	13.50	52	12.87	49
Regular/Freshmint	48 x Lge	14.14	—	12.12	35	11.52	33
CURITY SNUGLERS Newborn	16 x 15	—	—	17.84	1.31	17.04	1.25
Daytime	16 x 15	—	—	21.44	1.58	20.48	1.51
Super Daytime	16 x 15	—	—	24.48	1.80	23.36	1.72
Overnight	16 x 12	—	—	22.72	1.67	21.76	1.60
Toddler	16 x 12	—	—	24.00	1.77	22.92	1.69
Toddler	5 x 36	—	—	17.70	4.17	16.90	3.98
GILLETTE CONTOUR CARTRIDGES	20 x 5	17.10	—	14.37	99	13.85	96
	20 x 10	30.77	—	25.90	1.79	24.95	1.72
BLUE II DISPOSABLE RAZORS	20 x 5	9.08	—	7.65	53	7.34	51
	10 x 10	8.17	—	6.89	95	6.64	92
HENARA GLOSS SHAMPOO + FREE CONDITIONER							
Black, Blonde, Brunette, Grey, Redhead	12 x 200ml	8.28	99	7.80	99	7.44	95
KOTEX SIMPLICITY No 1	24 x 10	11.06	—	8.92	51	8.52	49
No 2	24 x 10	12.26	—	10.00	58	9.56	55
SOFT N SURE No 1	12 x 10	5.81	—	4.88	56	4.66	54
No 2	12 x 10	6.30	—	5.33	61	5.09	59
KOTEX Brevia	12 x 10	3.68	—	2.71	31	2.59	30
Sylphs	12 x 20	9.35	—	7.57	87	7.23	83
LIBRESSE PENNYWISE	24 x 10	—	—	6.06	35	5.70	33
	12 x 20	—	—	5.52	64	5.16	59
MUM QUICK DRY ROLL-ON							
Blue (Azure), Gold (Amber), Green (Jade), Pink (Coralin)	12 x 40ml	—	—	4.83	56	4.62	53
SIGNAL TOOTHPASTE	12 x Std	3.20	39	2.22	26	2.13	25
	12 x Lge	4.52	55	3.06	35	2.88	33
	12 x Econ	6.50	79	4.35	50	4.17	48
	12 x Fam	8.14	99	5.46	63	5.22	60
SUPERSOFT HAIRSPRAY Normal, Dry, Ex Hold, L/Hold	12 x 200ml	7.88	1.03	6.06	70	5.77	66
Normal, Dry, Ex Hold, L/Hold	12 x 125ml	5.35	68	4.08	47	3.93	45

with Vestric

VANTAGE

 <p>24 x 10</p> <p>Profit On Cost 20%</p> <p>Vestric Sell at £0.70 Offer Price £6.06</p> <p>VANTAGE Sell at £0.66 Offer Price £5.77</p>	 <p>8 x Lge</p> <p>Profit On Cost 20%</p> <p>Vestric Sell at £0.35 Offer Price £12.12</p> <p>VANTAGE Sell at £0.33 Offer Price £11.52</p>	 <p>20 x 5</p> <p>Profit On Cost 20%</p> <p>Vestric Sell at £0.99 Offer Price £14.37</p> <p>VANTAGE Sell at £0.96 Offer Price £13.85</p>
 <p>6 x 125ml</p> <p>Profit On Cost 20%</p> <p>Vestric A Sell at £0.43 Offer Price £2.25 B Sell at £0.61 Offer Price £3.18</p> <p>VANTAGE A Sell at £0.41 Offer Price £2.16 B Sell at £0.58 Offer Price £3.03</p>	 <p>24 x 10</p> <p>Profit On Cost 20%</p> <p>Vestric Sell at £0.35 Offer Price £6.06</p> <p>VANTAGE Sell at £0.33 Offer Price £5.70</p>	 <p>10 x 230ml</p> <p>AVAILABLE ONLY TO VANTAGE MEMBERS</p> <p>VANTAGE Sell at £0.47 Offer Price £3.933</p>

		Size/Pack	Price	Normal RSP	Vestric Price	Vestric RSP	Vantage Price	Vantage RSP	Profit on Cost
SOFT	Normal, Greasy, Dry, Mild & Gentle	12 x 150ml	5 12	64	4 05	47	3 90	45	20%
OO	Normal, Greasy, Dry, Mild & Gentle	12 x 75ml	3 41	43	2 73	26	2 64	25	20%
NTIPERSPIRANT									
	Cool Pink, Cool Blue, Cool Green, Cool Amber, Mens	12 x 107ml	—	1 19	6 36	73	6 03	69	20%
	Cool Pink, Cool Blue, Cool Green, Cool Amber, Mens	6 x 143ml	—	1 43	3 87	89	3 69	85	20%
IQ SHAMPOO									
	lyaway, Oily/Lank, Dull/Lifeless, Dry/Damaged, red Hair, Permed Hair	6 x 125ml	3 09	79	2 25	52	2 16	50	20%
	lyaway, Oily/Lank, Dull/Lifeless, Dry/Damaged, red Hair, Permed Hair	6 x 225ml	5 01	1 28	3 66	84	3 48	80	20%
IONER									
	lyaway, Oily/Lank, Dull/Lifeless, Dry/Damaged, red Hair, Permed Hair	6 x 75ml	3 03	79	2 07	48	1 98	46	20%
	lyaway, Oily/Lank, Dull/Lifeless, Dry/Damaged, red Hair, Permed Hair	6 x 125ml	4 66	1 22	3 18	73	3 03	70	20%
	lyaway, Oily/Lank, Dull/Lifeless, Dry/Damaged, red Hair, Permed Hair	6 x 225ml	5 83	1 49	4 26	98	4 08	94	20%

VANTAGE

Vestric Vestric Limited,
West Lane, Runcorn,
Cheshire, WA7 2PE.

Offers available May. E&OE.

If you would like to know more about Vantage, please complete the coupon and return to the Marketing Manager.

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Address _____

Telephone: _____



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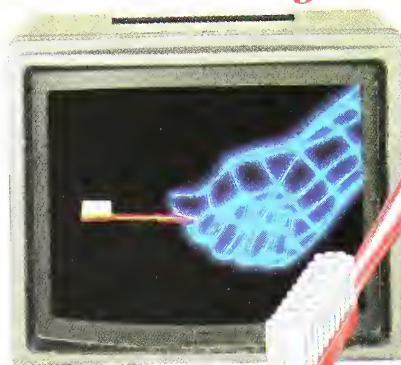
Here's the proof that no other toothbrush manufacturer does more for your sales and profits than SENSODYNE:

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TV starts 6th June



newly-launched brushes.

Stock SEARCH now – when TV was tested in London last year sales increased by a staggering 173%.*

Sales of all other SENSODYNE toothbrushes soared too – pushing SENSODYNE's overall brand share ahead by an incredible 50%.*

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Act Now. TV starts 6th June. There's great pre-TV bonus deals and free display stands.

*Nielsen Retail Audit.

Sensodyne Search

The biggest spending toothbrush range on TV

COMPUTER LABELLERS

by Mr Peter Caplan, director, Allen Computers International Group

A low cost entry into a complex world

The advent of the PIP code offers the retail pharmacist far greater independence in choosing the most suitable computer-based system from a range of suppliers. If selected carefully the system will help to increase control and profitability — but where do you start?

Few areas of commerce or industry have been as bombarded with offerings of automation and systems as retail pharmacy. Within the retail sector itself it has always been a prime target for micro-computer systems, bureau services, and hand held data entry terminals (PDET's). The introduction of the PIP code has enhanced this. It offers not only independence in buying, but also the opportunity for further automation to assist in achieving greater profits on OTC sales.

This all sounds marvellous — the only problem being that, as with most opportunities to do better, it equally offers the opportunity to waste a great deal of time and money. Ask yourself — are you really able to use this independence? Do you fully understand the possibilities? Or are you, like most, to rely on the information and guidance provided by potential suppliers?

The opportunities have been recognised by a great many in the profession. Many systems have been implemented, some very successfully — some less so. To a large extent the situations where failures have occurred have not been too surprising. There are very few suppliers who specialise in systems for retail pharmacy. It isn't necessarily correct for suppliers to consider this sector in the same way as, say, D-I-Y stores. The whole buying process and distribution methods are different in many ways. These differences, and others, must be understood and applied if the project is to be successful. As more systems are installed and implemented, so the

suppliers will gain more experience and knowledge. In time the level of success will be much higher.

Typically, in other sectors of commerce and industry, the implementation of sophisticated computer-based systems is coupled with experienced data processing staff or a "management services" division within an organisation. These individuals or teams are responsible for the success of the project right through from the selection of suppliers to the training of the users. Their experience is relied upon to help avoid the common pitfalls.

In contrast the "team" in retail pharmacy may be constituted of solely the proprietor, or perhaps all the shop managers and the managing director. All of these will be highly trained, skilled professionals in pharmacy — not, however, in selecting and implementing sophisticated computer-based retail management systems. The opportunities for disaster are, therefore, manifold. A slight misunderstanding early on can lead to tremendous problems later in the project. What should you do, therefore, to take advantage of the PIP code and the systems on offer? How do you select the supplier and system for you? How are you going to avoid the pitfalls? How do you know if the systems or services you are being offered are too large or too small; do they have any expansion potential; what else can be done; have you been oversold; are you, expectations too high; are you going to be able to run the system; etc? Get it right and you could be running a far more controlled and profitable operation, get it wrong and it could waste



Courtesy of Medpharm Systems

a lot of your time and money.

The right choice

So what steps can be taken to increase the chances of making the correct choice and minimising the risks involved? Primarily, you should aim to learn as much as possible about the application of computers. This basic understanding is fundamental. Don't worry too much about the detailed technical aspects: your objective is purely to gain an insight into the potential benefits to you. There are many routes available to help you "get to know" this subject. They include:-

Articles: These are very often too subjective. They mainly contain information about a particular approach and are frequently written by suppliers whose objective, quite understandably, is to convince you that it is their service or system you should use. They can, however, provide an interesting insight into the benefits that are available or the stated strengths of a certain system.

Books: These can serve as a useful grounding in the principles of the subject, but tend to be either too general or too specific. They can also date quickly.

Surveys: These can be particularly useful. Once a basic understanding of the concepts has been acquired, they can be of great assistance in providing detailed information and comparisons.

Discussions: Again these can be very useful. Unfortunately, far too often they are from a negative point of view based on a "bad experience." They can provide an indication, of "what not to do."

First hand experience: This must obviously be the route that offers the most advantages. You will get to know the jargon, the broad technicalities, the equipment and approaches available (eg bureau, in-house). *Continued on p773*



SCRIPTX
LABEL
PRINTING
SYSTEM.

MAIN FEATURES:

Stores up to 700 drugs with forms. 2-3 character recall. Easy to add, delete or amend drug file. Warning/contra-indication prompts. Facilities for prescription and drug reports. Dosage codes familiar to pharmacists. Direct entry. Repeat labelling . . .

POPULAR — uses hardware already in use in hundreds of pharmacies.

EXPANDABLE — the system expands easily and economically (stock control, Payroll, Accounts, etc . . .)

FLEXIBLE — fits neatly into the smallest of pharmacies without wasting valuable space.

In terms of power, capacity to store data, expandability and price the **SCRIPTX** give you unmatched value for money.

FURTHER INFORMATION FROM **intek computer systems**,
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HA9 6EN. Tel. 01-902 0630



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For Further Information/Demonstration, Contact Your I.C.M.L
Wholesaler Listed Below

Ayrshire Pharmaceuticals Ltd Townholm Kilmarnock Ayrshire KA3 1BA Tel: 0563 22248

Bleasdale Ltd 2 Birch Park Huntington Road York YO3 9BL Tel: 0904 641151

Bradford Chemists Alliance Ltd Alliance House York Street Fairweather Green Bradford West Yorkshire BD8 0HN Tel: 0274 495821

E.H. Butler & Son Ltd Morris Road Knighton Fields Trading Estate Leicester LE2 6BS Tel: 0533 702881

Richard Daniel & Son Ltd Mansfield Road Derby DE1 3RE Tel: 0332 40671

William Davidson Ltd P.O. Box 21 Craigshaw Drive West Tullos Industrial Estate Aberdeen AB9 8BE Tel: 0224 873796

Herbert Ferryman Ltd Galen House 1-9 Oakley Road Shirley Southampton SO9 7AT Tel: 0703 788011

Hall Forster & Co Ltd P.O. Box 1DB Pooley Close Newcastle upon Tyne NE99 1DB Tel: 0632 862911

John Hamilton (Pharmaceuticals) Ltd South Elgin Street Clydebank Glasgow G81 1PL Tel: 041-952 3261

S. Haydock & Co Ltd 31 Ballynahinch Road Carryduff Belfast BT8 8EJ Tel: 0232 812054

Macarthis Ltd Chesham House Chesham Close Romford RM1 4JX Tel: 0708 46033

Raimes, Clark & Co Ltd Smith's Place Leith Walk Edinburgh EH6 8NU Tel: 031-554 1551

Ridley (Wholesale Chemists) Ltd P.O. Box 25 Nicholson House Burgh Road Carlisle CA2 7ND Tel: 0228 24121

L. Rowland & Co Dolydd Road Wrexham Clwyd LL13 7TF Tel: 0978 351581

James Taylor (Trongate) Ltd 2/4 West Henderson's Wynd Dundee DD1 5SL Tel: 0382 21611

Labellers — an ideal chance to learn

Unfortunately this route has had, until recently, one major drawback — cost. The current focus in pharmacy on dispensary labelling provides the opportunity to change this. Until now the procurement of personal computers has been mainly on an individual basis, generally as "home computer." Those gaining the most have tended to be the enthusiasts who probably spend a great deal of their leisure time glued to their TV set, not watching the evening film, but trying to correct the latest syntax error in the program they have just written.

A labelling system that provides the opportunity to learn more about the use of computers in business and which also performs the valuable labelling function is obviously of greater value. In this way the relative cost of first hand experience is reduced.

There are many labelling systems available. Some perform only this singular function and have been purpose built. A number of others are based upon existing equipment including Dragon; Sharp; Commodore; Olivetti; Apple II; Epson HX-20. The broad range of equipment being offered is equally reflected in the price range, with some

systems costing three to four times that of the less expensive ones. (This is obviously a major subject area in its own right and no attempt is made here to compare the options available.)

One of the most interesting of these, mainly due to its portable nature and capabilities, seems to be the Epson HX-20. Even though it has its own integral printer, display screen and cassette tape, all in a case no larger than this page, it can be expanded with extra memory, external printer, external display screen and floppy discs. It could easily be taken home for further use in the evenings and at weekends. As with a lot of equipment in this range, pre-written software can be purchased for as little as £18. The available software includes games, text processing, diary, financial reporting and many others.

Experience of these can help in gaining an overall understanding of the principles involved and swiftly demonstrate what can be expected from a system on a far more intensive basis than merely dealing with the theory. It is not suggested that a low cost home computer is going to necessarily perform all commercial functions for a substantial chain of retail outlets, but it can provide a number of very valuable functions — labelling being one, a better understanding of the further opportunities available being another.

The next step on our path towards effective retail automation must be to

consider how this, now understood, technology can be harnessed for the good of your current and future business. You will now be able to talk to potential suppliers of bureau or in-house systems far more confidently. If they do resort to the use of jargon you will recognise this. You will have learnt to assess the capabilities and benefits of a certain approach, rather than just have to read or listen to the sales pitch. You will appreciate the benefits of the after sales support that is provided using a bureau service, or the work involved in running your own in-house system. You will be able to make your own comparisons. You will not be intimidated by the perceived complexities of the subject and, more importantly, you will be able to make your own decisions based upon your own understanding of the benefits to you.

In conclusion, keep your options open and don't presume that you can have too much (facilities) for too little (money). A better and more in depth understanding will, however, ensure that you take a far more cost effective route in the knowledge of what you will get from the system and the effect it can have on your business.

Allen Computers maintain the PIP code master file on behalf of the National Pharmaceutical Association. They also provide bureau services to pharmacy through Independent Retail Computer Systems. Mr Caplan is a member of the NPA's PIP technical panel.

Are you considering label writing by Computer? Then talk to us about labels before ordering

Very competitively priced labels, plain or printed in 1 or 2 colours for **all** computerised label writing systems.

Available in minimums of 20,000, so don't feel obligated to buy larger quantities if you don't need them. Our local representative is awaiting your call.

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CD

COMPUTER LABELLERS

The following list gives the suppliers currently selling pharmacy labelling systems, the equipment the system is based around, a rough guide to some of the facilities offered and the cost. For further details contact the suppliers. The National Pharmaceutical Association are happy to give advice to members who are thinking of buying a system. Claims made by suppliers are often misleading and a system **MUST** be seen in operation before purchase. A poor computer system is slower than a typewriter handled by a reasonably competent person. Check guarantees, maintenance costs and label prices.

Section 1

Computer labelling systems with reports and other extras. Most of these systems are based on off-the-shelf hardware, allowing ranges of standard software (space invaders, accounts, wages, etc) to be used, but only one program at a time. Most can be expanded with disc drives for programs requiring a larger memory. Some have modified hardware, eg Link, Richardson, Slim.

PRODUCT NAME AND SUPPLIER	BASED ON	EXPANDABLE	FACILITIES	COST AND MAINTENANCE
Slim Squirrel Computers, 150 Charminster Road, Bournemouth. Tel: (0202) 528432	Own design and manufacture based on Z80A chip with 40K Eprom and 64K Ram (battery backed and expandable to 256K). Integral printer and monitor. Two RS232 interfaces.	Dedicated system with non-volatile Eprom. Compatible POS terminal available.	Automatic cautionary labels. Flexible drug file and directions. Stock usage report. Stock control through minimum stock level. Patient records, direct order entry and repeat prescription facilities.	£2,995 + VAT. Maintenance £295 pa with 24 hour replacement.
Pre-Scribe Micro Management, 32 Princess Street, Ipswich, Suffolk. Tel: (0473) 57871.	Apple 11E, dual disc drive, Epson FX80 printer.	—	Flexible drug file and directions. Stock usage report, either by proprietary or generic name.	Under £2,500. Maintenance through Apple dealer network.
Microscript 6 Pavilion Parade, Wood Lane, London W2. Tel: 01-743 9000.	Apple computer in various configurations.	—	Size of drug file depends on system, up to 1,350. Interaction alert, PIP or supplier code displayed with label. Four print sizes. Storage of complete labels. Stock usage and value reports. Cost centre analysis.	From £1,870. Software updates available. Maintenance through dealer network.

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AARIFA SOFTWARE SYSTEMS LIMITED
Willington Road, Etwall, Derby.

Only £650+ VAT for orders placed by 31st May 1983
User references provided.

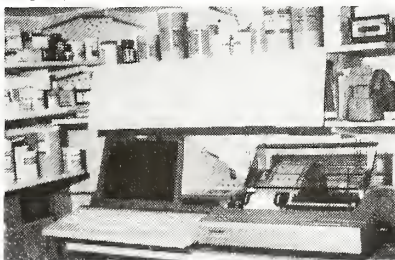
Pharmlab Systems Ltd

Mechanical labelling is a bitter pill...make it easier to swallow with a Sweetener from...Dawson and Denkinson.

- (PSL) Greatly enhanced features designed specifically for you from your response to our P.J. Article.
- (PSL) Free from restrictive codes, to give fast and accurate labels every time.
- (PSL) Grows with you from Labelling to Stock Control to VAT to Full Accounts to Staff Records to.....
- (PSL) Package deal at £874.00 for tape and £1197.00 for disk includes FREE Program for the cost of the equipment. Before you buy, write for details to: —
PHARMLAB SYSTEMS Ltd, 40 Cowlees, Westhoughton, Bolton, BL5 3EG.

AUTO-SCRIPTION PHARMACY LABEL SYSTEM

Designed by a Pharmacist for Pharmacists.
High quality prescription labels in seconds.



Nelson Computer Services Ltd,
St John's Court,
Bacup Road,
Rawtenstall
Lancs

A flexible, easy to operate system using the SHARP MZ80A microprocessor and SHARP P6 Printer including installation and training for £1,199. Fully supported program and hardware on a national basis. **Contact Steven Healey on 0706 229125 for further details**

Pharmaram Pharmaram Chemists, 600 High Road, Seven Kings, Ilford, Essex. Tel: 01-599 4436.	Gama 68 computer (48K of RAM and 100K disc storage), Epson III printer (with optional buffer), disc drive, monitor.	—	Flexible drug file and directions. Stock usage report. Automatic cautionary labels. Order produced based on max/min stock levels.	£1,795 + VAT. Maintenance contract — 10 per cent of purchase price with 24 hour replacement available.
J. Richardson Computers Ltd Unit 337, Walton Summit Estate, Bamber Bridge, Preston PR5 8AR. Tel: (0772) 323763.	Modified 96K BBC computer, Epson FX80 printer, disc drive, monitor.	—	Machine code program with up to 2,000 drugs on file. Automatic cautionary labels. Flexible drug file and directions. Prescription and OTC pricing. Stock usage report (on label with wholesaler code as aid to stock control).	£1,650 (£1,895 with twin disc) £195 pa maintenance contract with replacement on next van via wholesaler network.
Prescription Labelling Program The Bedford Microcentre, 31 Tavistock Street, Bedford. Tel: (0234) 215015.	Apple IIE, Oki Microline 80, disc control, monitor.	—	Label size and layout can be varied. 1,000 drugs on file. Flexible drug file and directions. Stock usage displayed for each drug as label is printed. With additional storage can handle patient records.	Label program £125. Hardware from £1,500. Bedford Microcentre will only sell hardware in local area. Now setting up dealers countrywide. Service through Apple dealer network. Software updates free.
Pace Pharmaceutical Computer Systems Ltd, 37 Stamford New Road, Altrincham, Cheshire WA14 1EB. Tel: 061-928 0087.	Commodore CBM 4032, cassette load, Epson FX80 printer.	—	Flexible drug file and directions. Automatic cautionary labels. Two print sizes. Prescription and OTC pricing facility.	£1,520. Maintenance through Commodore service network.
Tri-Moss Systems 57 Hill Top Avenue, Cheadle Hulme, Cheshire SK8 7HZ. Tel: 061-485 4609.	Commodore CBM 4032 with cassette load, Epson printer.	—	500 drugs on file. Automatic cautionary labels. (Stock usage and control, with labelling program available on disc.)	With cassette program £1,500 approx. With disc program and drive £2,700 approx. Program updates available. Maintenance through dealer network.
Sigmaster II Medpharm Systems Ltd, 14 Market Place, Grantham, Lincs NG31 6LJ. Tel: (0476) 3087.	Commodore CBM 4032 or SK 8032, cassette or disc load, Epson printer. (Also available on Olivetti M20 at £2,395).	—	Two size self centering text. 500 drugs in file. Flexible file and directions. (Sigmaster III — disc based, with 1,500 drugs on file and drug interaction facility.)	Tape system (unbuffered) £1,370 + VAT. Disc system (buffered. Sigmaster III) £2,245. Maintenance through Currys Micro C branches at 10-11 per cent.
Border Pharmacy Labelling System Border Computing and Programming, Dog Kennel Lane, Bucknell, Shropshire SY7 0AX. Tel: (05474) 368.	Sharp MZ80 with integral monitor and cassette load, Epson printer.	—	Drug interaction alert, complete storage for 10 most commonly used labels. 700 drugs on file. Two print sizes. Stock usage recorded.	£1,295 (includes letter processing and NPA ledger programs). Software updated free for 12 months, thereafter at a reasonable cost. Maintenance: £95 pa for repair and replacement, £190 for engineer call out.
Style Park Systems, 11 Molyneux Way, Liverpool L10 2JA. Tel: 051-531 8369.	Sharp MZ80A with integral monitor and cassette. Epson FX80 printer.	—	Machine code written program with about 1,000 drugs on file. PIP or Prosper codes. Flexible drug file and directions. Memo re-order button records items for ordering. Prescription statistics. Automatic warnings. Stock usage report.	£1,250 + VAT. Maintenance £95 pa on 24 hour repair or replacement basis.
Autoscription Nelson Computer Services Ltd, St John's Court, Bacup Road, Rawtenstall, Lancs BB4 7PA. Tel: (0706) 229125.	Sharp MZ80A, with integral monitor and cassette load. Sharp P6 printer.	—	Prompts for cautionary labels. 300 drugs on file. Flexible drug file.	£1,199. Various maintenance schemes. 12 month call out contract £89.
Link Vestric Ltd, West Lane, Runcorn, Cheshire WA7 2PE. Tel: (0928) 717070.	Modified New Brain computer with expansion box, printer and monitor.	System becomes independent with disc drive, and can use standard software.	Program loaded automatically from battery supported expansion box. Up to 1,000 drugs on file. Flexible drug file and directions. Complete labels stored. Direct ordering to Vestric branches.	£895 + VAT (Level 2 additions to Link 1 only). Maintenance £190 pa through Software Sciences with repair or replacement within one working day.
Pals Taylor-Wilson Systems Ltd, Station Road, Dorridge, Solihull, West Midlands B93 8HQ. Tel: (05645) 6192.	Commodore CBM4032, cassette load (disc optional), Epson printer.	—	Stock usage report. Two print sizes. 250 drugs on file. Version II has 1,500 drugs on file and gives full stock report at end of day.	Promoted through dealer network. Hardware cost variable. No current information on software cost.

continued overleaf

COMPUTER LABELLERS

continued from p775

Microsil PDS

ABM Computers,
744 Warwick Road, Tyseley,
Birmingham B11 2HG.
Tel: 021-707 1822.

Apple computer in various
configurations with disc.

Automatic cautionary labels.
1,400 drugs on file accessed by
wholesaler code. Re-order
prompt. Stock control and
usage reports.

Software £500. Hardware
through local Apple dealer.

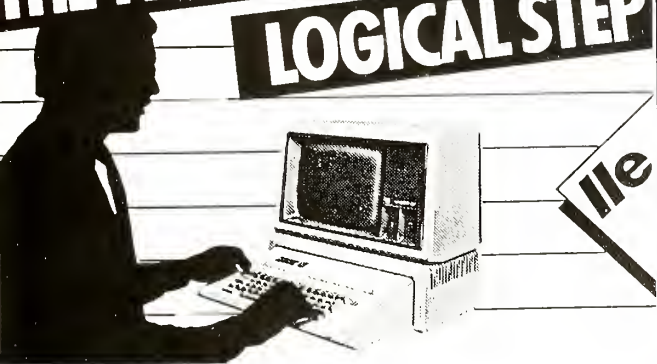
Section 2

Low cost computer labelling systems. A range of low cost systems are now becoming available — based typically on the Epson HX20 or the New Brain. Costs vary from £500 to £900. Many of these systems have integral printers. If they do not produce a clean label an external printer will cost around £400. A small display may also be a problem.

PRODUCT NAME AND SUPPLIER	BASED ON	EXPANDABLE	FACILITIES	COST AND MAINTENANCE
Super Script Orridge Computer Systems Ltd, 117 High Street, Epping, Essex CM16 4BD. Tel: (0378) 76148.	New Brain 280A, with Prombox unit, cassette recorder, monitor, Oki Microline 82A printer.	—	Drug file of about 600. Flexible drug file and directions. Stock usage report. Stock information loaded from cassette, program loaded from Prombox (pre-programmed unit).	£895 + VAT (but likely to increase soon). Maintenance agreement on an exchange basis available.
RXL Label System P. Williams (Chemists) Ltd, Welshmens Lane, Nantwich, Cheshire. Tel: (0270) 623875.	Commodore 64 computer with cassette load, buffered Epson RX80 printer. Monitor.	—	Automatic cautionary labels. Self-centring text in two sizes. Complete storage of common labels.	£875 + VAT. Maintenance £90 pa, including software updates.
Pharmlab Systems 40 Cowlees, Westhoughton, Bolton BL3 3EG. Tel: (0942) 812843.	Genie 48K computer, cassette or disc drive, monitor and full size buffered printer.	—	1,000 drugs on file. Flexible drug file. Prescription pricing. Re-order memo facility. (Stock control and patient records available on disc.)	£874 + VAT for tape version. £1,197 + VAT for disc version. Maintenance contract with 24 hour replacement available.
Transcript IRCS Ltd, Freepost, Emery Down, Lyndhurst, Hants SO4 7PF. Tel: (042128) 2452.	Epson HX20 with integral printer, display and cassette.	Compatible with the IRCS point of sale system.	—	£785 with 14 days' trial offer.
Script X Intek Computer Systems, 53 Clifton Avenue, Wembley, Middlesex HA9 6BN. Tel: 01-902 0630.	New Brain computer, cassette load, Oki Microline printer, monitor.	—	Up to 700 drugs on file. Flexible drug file. Cautionary prompts. Prescription statistics. Product usage report.	£750 + VAT. Maintenance £50 pa. Dealers countrywide to be appointed.
Chemlab P.D.S., Carne House, Markland Hill, Bolton BL1 5AP. Tel: (0204) 493816.	Epson HX20 with integral printer, cassette and display.	—	400 drugs on file. Flexible drug file. Expansion unit included. Rechargeable batteries which will last a week.	£749 + VAT (available on mail order basis with money back within 14 days). Maintenance through Epson service network.
Alfa 32 Pharmaram Chemists, 600 High Road, Seven Kings, Ilford, Essex. Tel: 01-599 4436.	Dragon 32, cassette load, monitor, Epson printer.	—	Automatic cautionary labels. 400-700 drugs on file.	£695 + VAT.
Oralabel Orange Computers Ltd, Ruskin Chambers, Drury Lane, Knutsford, Cheshire WA16 6HA. Tel: (0565) 53417.	Epson HX20 with integral printer, cassette and monitor.	—	Machine code program. Up to 950 drugs on file. Flexible drug file and directions. Prescription and OTC pricing. Stock usage report.	£695 + VAT (£995 + VAT with two colour external printer). Hardware and software maintenance available.
Pharmacy Computing Label System Pharmacy Computing Ltd, 84 Hornsey Road, London N7 7NN. Tel: 01-609 0439.	Epson HX20 with integral printer, cassette and display (20 characters × four lines).	—	Stock usage of common drugs. Prescription pricing. Run on batteries which need recharging once a week. Flexible drug file up to 300 drugs.	£695 + VAT. Four week trial period with full refund available. Maintenance through Epson dealer network. Software updates available — free for first six months.
Mediprint Aarifa Software Systems Ltd, Willinston Road, Etwell, Derby. Tel: (028373) 3627.	Dragon 32K computer, two colour buffered printer based on Epson, cassette player, monitor.	—	Machine code written program, with 100 drugs and codes ready loaded in detachable cartridge. Additional 600 drugs and 99 labels available on cassette. Stock usage and prescription statistics. Flexible drug file and directions.	£650 + VAT (£725 + VAT from June). Two tier maintenance contract: 24 hour response £90 pa. 72 hour response £70 pa. Replacement by Securicor.

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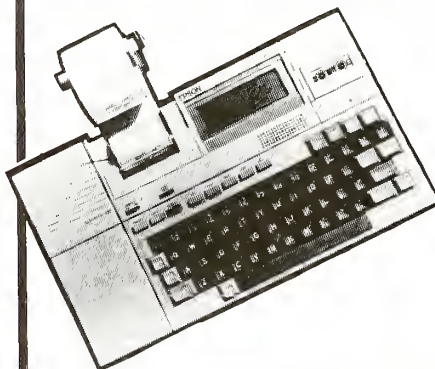
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continued from p776

Pace Beta Pharmacy Computer Systems Ltd, 37 Stamford New Road, Altrincham, Cheshire WA14 1EB. Tel: 061-928 0087.	Modified New Brain computer, own designed and manufactured printer. (Pharmacist will have to provide cassette and monitor.)	Dedicated system.	1,200 drugs on file. Flexible drug file and directions. Automatic cautionary labels. Two colour labels. OTC and prescription pricing. Wants (order) list.	£550 + VAT. Maintenance contract for £75 pa with 24 hour replacement.
Dispenser Labeller Thames Computing, PO Box 346, Windsor, Berks FL4 4UZ. Tel: (07535) 59738.	Epson HX20 with integral printer, cassette and display.	—	400 drugs on file. Flexible drug file. Run on batteries which need recharging once a week.	Basic system £495 + VAT. Maintenance through Epson dealers.
Section 3 Specialised labelling machines. Stand alone units often compact, but with little versatility. Usually with only single line display and difficult to upgrade. Generally "poor value for money", says the NPA.				
PRODUCT NAME AND SUPPLIER	BASED ON	EXPANDABLE	FACILITIES	COST AND MAINTENANCE
Labelwriter Nuscribe 500 ICML, 51 Boreham Road, Warminster, Wilts BA12 9JU. Tel: (0985) 215555.	Stand-alone unit with single line 40 character display and two integrated 40 column dot matrix printers.	Dedicated system	500 drugs on file. Produces PIP coded price tickets. Two colour labels.	Around £1,300 (special terms for Numark retailers). Service through ICML wholesalers.
Scriptcounter Taylor Nelson Medical, 457 Kingston Road, Ewell, Epsom, Surrey KT19 0DH. Tel: 01-394 0191.	Stand alone unit with single line 40 character display. Two integrated 40 column printers.	Dedicated system.	50-500 drugs on file depending on model. Stock usage for 500 lines. Prescription statistics. Two colour labels.	Around £1,250 + VAT.
Riva Turnkey Systems Ltd Adam House, 66 Chorley Street, Bolton, Lancs. Tel: (0204) 391423.	Own design and manufacture with 128K memory, integral buffered printer and 35 column monitor. RS232 interface for communication to other units.	Dedicated system.	Up to 2,000 drugs on file. Flexible drug file. Stock usage report. Prescription statistics.	Under £1,000. Service available nationwide. Details to be released.
PLP 111 Kirby Oldham Ltd, Ellen Street, Oldham, Lancs OL9 6QQ. Tel: 061-620 1421.	Own designed and manufactured unit, with single line display (approx 32 characters).	Dedicated system.	Two colour self centring text. Programmable expiry date.	£895.

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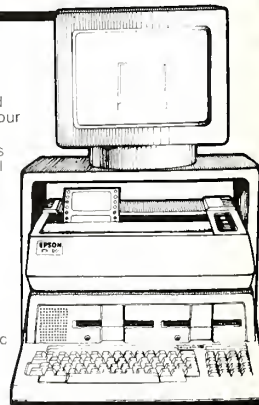
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Lower prices mean pharmacy systems more viable

The announcement by the Pharmaceutical Society that by January 1984 all labels should be printed has led to a rush of new labelling systems onto the market. And with advances in technology, prices have come down considerably.

Six months ago Mr Jim Downing, the NPA's computer expert, told *C&D* that prescription labelling systems were not commercially viable. Now he says: "Prices have changed quite dramatically. The cheaper systems were around £1,200 to £1,400. For that you could buy four typewriters. Now you are down to about £900 and there are one or two systems offering quite a lot at that price. They are getting much nearer to being cost effective and do offer some clear advantages."

The pharmacist's requirements are also becoming clearer. Most seem to look for a fast, efficient labeller with "extras" such as stock usage reports, prescription statistics, cautionary labelling and possibly drug interaction alerts.

Interactive stock control, patient records and other facilities requiring increased memory have not caught on.

However, says Mr Downing, some systems are "absolute rubbish". It wouldn't be fair to name people, he says, but price for price the difference between a proper program which has "professional features", compared to an "amateurish" program is considerable. "The number of systems produced that have good secure software is fewer than I thought," he comments.

The NPA urges members to seek advice. "I am prepared to give very critical advice. I ask which system members are looking at, and if I have a strong criticism I won't exactly say don't buy that system at any price, but I will say I think they ought to look at another one."

More information on labelling systems is planned. A committee is looking at some six or seven systems in different

price brackets, that are felt to offer reasonable value for money. "We are getting to the point where there are umpteen variations. It isn't possible to say which are good or bad, but there are one or two makes to compare the others with." The NPA are trying to provide a yardstick by which other systems can be measured. "If you think you have found something better, at least in our view you will be getting value for money," Mr Downing says.

"There is still not that much rush to get into computer systems just because the Society has made its statement. It's important to make the right decision. But I am between the devil and the deep blue sea. We (the NPA) are totally in favour of the Society's wish that all labels should be printed. The last thing we want to do is deter members from doing what we want them to do."

A number of pharmacists have suggested that a *Which?*-type survey of systems be carried out. "Frankly it's not possible at the moment — partly because of the rate of development and partly because of the number of systems and their diversity — to do that sort of thing

continued on p780

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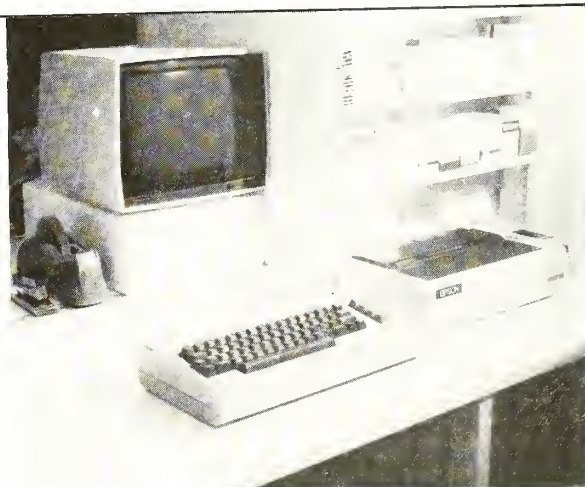
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Computers

continued from p779

effectively," says Mr Downing.

Not all systems produce equally legible labels and Mr Downing is convinced that the quality of the printer is crucial. "It is significant that nearly all the people who have been producing labellers for any length of time have standardised — mainly to Epson or Microline printers." He suspects that many people coming into the market, and keeping their prices down by using a cheaper or integral printer, are going to have to do the same. This automatically increases the price by around £400.

Suppliers unhappy

Not everyone is happy with the way labellers are being launched, and the claims they are making. There are a lot of cowboys about, warns Mr Allan Wainwright of Microscript.

"I am sick and fed up with having our product denigrated. We are trying to do a decent job, but suddenly you find people coming in with all sorts of rubbish. Beware of people who give you a program wrapped up in a party box."

Microscript's labeller has been out for three years now, and is regularly demonstrated. "We have over 100 customers, not two of them the same," says Mr Wainwright. "They have developed the program for their own

A Dutch company has acquired world rights to Slim computers (mark II version pictured) from J. Barrie Thompson. The new owners have yet to announce UK marketing plans, but current users' systems will be maintained according to contract. Inquiries to J.B. Thompson on Bournemouth 528432.



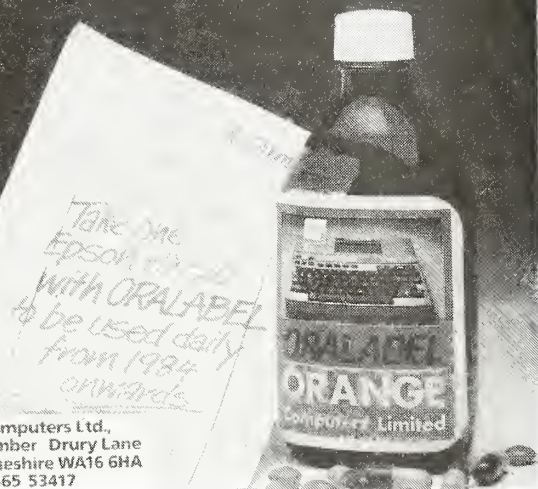
needs. But with the great interest in labelling, people are looking for cheaper systems. In hospitals people are less interested in the label — they are interested in data capture to control stock flow." Mr Wainwright said he was coming into C&D's feature with mixed feelings. "I don't like some of the stuff I'm being put alongside." Mr John Richardson also has strong feelings on the subject. "Pharmacists know what they want but not what they need," he says. "What has happened now is causing so much frustration among pharmacists. Every computer salesman has gone along to a programmer and said 'write me a program'. They have seen it as easy

pickings and consequently there is going to be a fantastic glut of programs. They will all produce a label. They will all work for someone doing 700-800 scripts. But you try putting them in a busy health centre!

"Pharmacists have no one to turn to. A lot of people have criticised the NPA report (NPA pink supplement, March 1983), but I thought it very fair. The comment that many systems are slower than a typewriter in use — and they are, without a doubt — was valid."

It is sad, Mr Richardson commented to C&D, that the programs that do "knock spots off" a typewriter get classed with the other 90 per cent.

The right prescription for Pharmacists

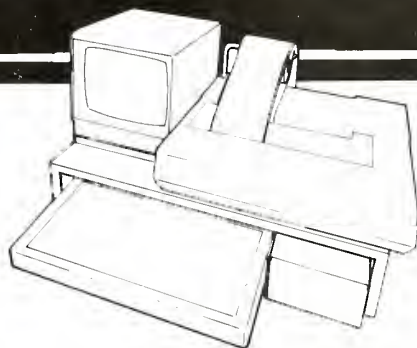


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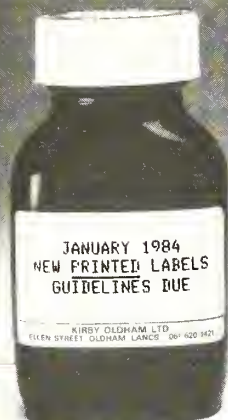
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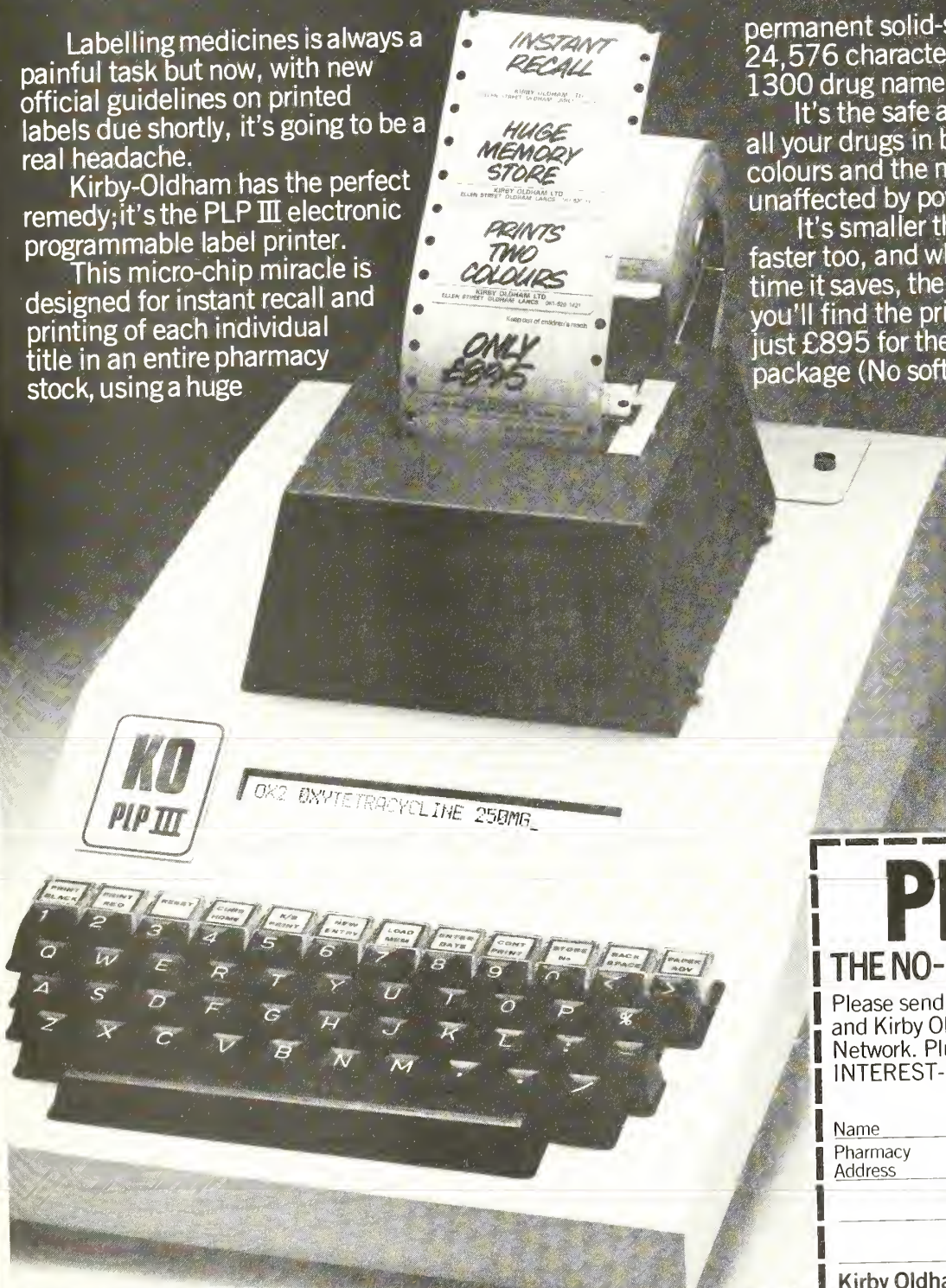
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Boots are in, Unichem update and Brooks 'come off the shelf'

Boots are on the verge of choosing a label printer for use in their 1,000 branches. After experimenting with at least a dozen labellers — all well established on the market — an announcement is expected in the next few months, says Mr Bernard Silverman, director of pharmaceutical services. "Hopefully we are going to be able to comply with the 1984 deadline. We want to work towards the establishment of mechanical label printers in all our branches. We have been experimenting with several types of machine and will be evaluating the results in a few months' time."

Scriptwriter successor

Unichem have developed a successor to their Scriptwriter label printer. The new hardware has not been given a product name and is yet to be formally announced.

The machine completes field trials in early May, says G. Hubbard, Unichem's computer operations manager, and until then he is reluctant to release anything other than general details. Like Scriptwriter (which is no longer available) the new machine is a single free-standing unit with a tactile keyboard and a two-colour printer. It is supplied with 200 drugs on file with a capacity for a further

prescription labeller.

200 entries. There is an extended list of coded dosage forms and directions, and battery back up in event of power failure. The new unit is expected to sell to Unichem members for £1,350 + VAT.

Dragon or Epson from M-B

Wholesalers Mawdsley-Brooks are offering customers a choice of two "phase one" micro labelling systems based on the Epson and Dragon computers. Cost will be around £500 and £750 respectively — "modest" rental terms will also be available.

A "phase two" system using a 64K micro with floppy disc and a modem communicator for transmitting orders is being developed and will be available in three to four months, the company says. The price range for the whole equipment, including software, is expected to be less than £2,000 + VAT, or on a rental basis to customers at approximately £50 a month. PIP code will be used on phase two, says director Mr J. Salt.

The company has developed of the systems over the past two years, and is interested in offering the equipment to any pharmacists in their delivery areas. The company has depots in Manchester and West Bromwich.

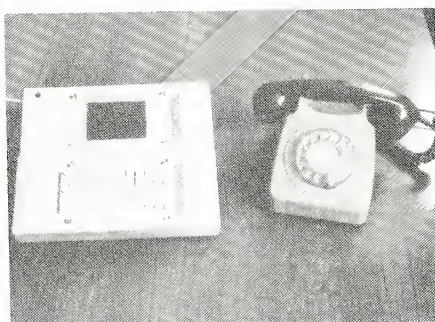
Order entry from two wholesalers

Barclays have introduced their own order entry system, providing two-way communication with any of their depots via a modem.

The terminal provides for manual or automatic transmission of orders, return of out-of-stock information, two-way transmission of text, previous order detail retention and the facility to transmit to more than one depot. The system has a normal typewriter keyboard and has been designed to use the PIP code.

The terminal (see picture) uses a 20 × 8 character display. Pack labels will be supplied with all items ordered. The equipment is battery or mains operated, with a battery supported memory. The system is easily upgraded to allow its use as an integrated order entry and

The system has recently been introduced into one depot for pilot trials and prior to its formal launch in May there are already over 100 orders in hand, says Barclay's financial director, Mr C. Ferris. Full details will be supplied to all



Barclay customers shortly.

The anticipated cost will be £20 per month, including labels. The cost of the integrated prescription labeller / order entry system will be competitive at the lower end of the current price range, says Mr Ferris, and can be expected in the next two to three months.

Macarthys

A portable data terminal from Macarthys is also undergoing field trials and final evaluation prior to being launched this Summer. To be called Choice — chemist order and inventory computing equipment — the order entry system will use the PIP code. The new terminal is "very flexible yet easy to use" says the company.

Systems multiply as 1984 approaches

No fewer than 17 new labelling systems have come to C&D's attention since the last time the subject was reviewed (in September 1982).

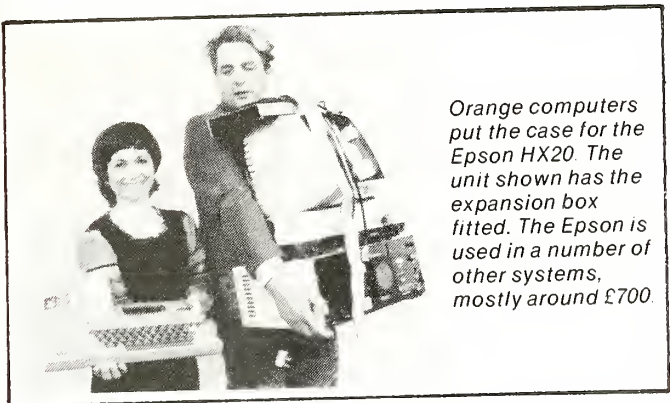
The new systems use a variety of standard hardware, and tend towards the cheaper end of the market. The Epson HX 20 and the New Brain — both fairly new — have attracted a lot of attention. The advantage of the Epson is its small size and portability. It has 16K of RAM expandable to 32K and 32K ROM expandable to 64K, by addition of an expansion unit. The unit is powered by rechargeable Nicad batteries which last around 50 hours, and with its low power consumption CMOS memory is instantly ready for use whenever it is turned on.

However there have been doubts expressed over the quality and durability of the integral 24 column printer, and the 20-character, four-line display may be too small for some people. The cheapest system on offer comes from Thames Computing, with a basic price of £495 + VAT. A £25 discount is being offered for payment with order and a complete refund in 14 days if not satisfied.

Pharmacy Computing Ltd are offering a system at £695 + VAT, with the addition of a stock tally of selected lines. Again a trial period, this time of four weeks, is offered, with money back if not satisfied. The price of this system includes the expansion box. The Oralabel from Orange comes in at the same price, and includes the expansion box allowing stock usage to be recorded, and the facility to amend both drug and direction files. The system is offered with a two-colour external printer for £995 + VAT.

Next up the price ladder is Chemlab from PDS at £749 + VAT. The unit is offered on a mail order basis with an option to return within 14 days. A buffered external printer can be provided. The most expensive of the current Epson systems is Transcript, from IRCS, at £785. Again a 14 day trial is offered.

Vetric chose the New Brain computer as the basis for their Link system, which is now well established with some 2,000 users of the level 1, the company claims. Independent systems come from Orridge (Super Script), Intek Computer Systems and Pharmaceutical Computer Systems. Based around the Z80A 8-bit micro-processor, the unit offers 32K RAM and 29K ROM and the possibility for expansion. The Orridge system at £895 + VAT uses a Microline printer, and a suite of programs automatically loaded from a Prombox when the system is switched on. User files are loaded from a cassette and recorded out at the end of the day. Script X, from Intek, and with almost identical hardware costs around £750 + VAT at present, but is liable to increase. Right at the bottom of the price range



Orange computers put the case for the Epson HX20. The unit shown has the expansion box fitted. The Epson is used in a number of other systems, mostly around £700.

is the Pace Beta system from Pharmacy Computer Systems. Comprising a modified New Brain and a specially designed and manufactured printer, the system costs £550 + VAT (or lease £3.60 a week). The program is burnt in and the printer provides two-colour labels, but a monitor is not provided.

The RXL system from P. Williams is one of the most recent to become available, and is based on the Commodore 64 with an Epson RX80 printer. The system has been "adopted" by several wholesalers, says Mr Williams, and costs £875 + VAT.

Both Pharmaram and Aarifa are promoting systems using the Dragon 32, and both cost under £700. The Alfa system from Pharmaram uses an Epson, whereas the Mediprint from Aarifa uses a modified Epson which prints in two colours. Pharmlab are offering a system based on the Genie, with a program developed by Messrs Dawson and Denkinson, who recently submitted a program listing to the Society's journal. The two pharmacists stipulated that the program cost should not be included in the cost of the system, so effectively, say Pharmlab, the basic price of £874 is for the hardware only.

Only one recent system has used the Sharp MZ80, and that is the Autoscription from Nelson. With a Sharp P6 printer the package costs £1,199. A stock control function is offered but additional disc drive is required. A comprehensive software program for an Apple is available from ABM Computers for £500. The program requires disc drive.

Richardson goes on to the BBC

After four months' development John Richardson is shortly to launch a new labelling system based on the BBC microcomputer. And the increase in business has meant moving to a larger factory unit.

The new system is based on an expanded BBC micro with 96K of core memory and a disc loaded program. The printer is the Epson FX80, which ejects the label for easy removal and then retracts the label roll to print the next one. Software is based on that used in the old Video Genie system.

An interesting feature of the system is that the product code (PIP, Link, Prosper) and maximum amount of the product used in any one day during the last month are printed on the label. This feature saves having to code goods as they come in, and means the system could pay for itself in a few months just by controlling stock, Mr Richardson claims.

Users of the old system are being offered the chance to convert to the new one, although exact details have yet to be finalised. A maintenance contract is available to provide 24 hour replacement via a network of 12 wholesalers. The system will be available in Northern Ireland through Sam McLernon.

■ Riva are introducing a dedicated labeller within the next six weeks. The machine has a 128K memory, an alpha-numeric keyboard and the facility to store up to 2,000 drugs. There is an integral 35 column VDU, a buffered printer, and the labeller is able to communicate via a modem or can be connected via an RS232 interface to a micro. The unit will cost around £1,000. A special discount offer is being made to the first 100 customers who get in touch with Riva. *Riva Turnkey Systems Ltd, Adam House, 66 Chorley Street, Bolton, Lancs (telephone Bolton 391423).*

BEECHAM PROPRIETARIES

Prices effective from
2nd May, 1983

Product Description	Sales Status	Retail Price per Unit Incl. VAT	Units per Case	Standard Wholesale Price Per Case Excl. VAT
BEECHAMS POWDERS CAPSULES				
Capsules (10's)	GSL	73	12	5 82
Capsules (20's)	GSL	118	12	9 41

Prices effective from
30th May, 1983

BEECHAMS PILLS				
Standard (50 pills)	GSL	71	12	5 66
Large (135 pills)	GSL	125	6	4 98
Envelope	GSL	22	24	3 51
BEECHAMS POWDERS				
Standard (8 powders)	GSL	71	24	11 32
Large (20 powders)	P	117	6	4 66
Mentholated (8 powders)	GSL	71	12	5 66
BEECHAMS POWDERS TABLET FORM				
Standard (18 Tablets)	GSL	80	12	6 38
Large (36 Tablets)	P	108	6	4 31
CEPHOS				
Standard (8 powders)	GSL	71	12	5 66
Tablets (16 Tablets)	GSL	71	12	5 66
DAY-NURSE				
160 ml	P	179	6	7 14
MAC LOZENGES				
Medicated/Honey-Lem/Blackcurrant Flavour				
Tube (12 Lozenges)	GSL	22	36	5 26
Carton (27 Lozenges)	GSL	50	24	7 97
NIGHT-NURSE				
160 ml	P	179	6	7 14
PHENSIC				
Handy Size (12 Tablets)	GSL	42	24	6 70
Standard (24 Tablets)	GSL	71	24	11 32
Medium (50 Tablets)	P	99	6	3 95
Large (100 Tablets)	P	167	6	6 66
Strip (6 Tablets)	GSL	24	36	5 74
SOLUBLE PHENSIC				
Strip (6 Tablets)	GSL	28	12	2 23
Handy Size (12 Tablets)	GSL	47	12	3 75
Standard (24 Tablets)	GSL	77	12	6 14
VENO'S				
Original Formula/ Honey and Lemon.				
Standard (75 ml)	GSL	93	12	7 41
Large (135 ml)	GSL	128	6	5 10
Adult Formula (120 ml)	GSL	128	6	5 10
VYKMIN FORTIFIED				
15 days supply	GSL	130	12	10 17
30 days supply	GSL	245	6	9 59
60 days supply	GSL	435	3	8 51

All case forms subject to the addition of 15% Value Added Tax.

All above prices are Resale Price Maintained

GSL: Medicine for General Sale. Wholesalers must hold a Wholesale Dealers Licence (Medicines Act, 1968)

P: Sale is restricted to person lawfully conducting a Retail Pharmacy business or to holders of a Wholesale Dealers Licence (Medicines Act, 1968) for sale to the lawful conductor of a retail pharmacy

BEECHAM PROPRIETARIES
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Partnerships — the key to profitable pharmacy

The many partnerships in a community pharmacist's life that enable him to profit from providing both professional and retailing services to the public were highlighted at Numark's Malta Convention last weekend. Whether it be partnership with a manufacturer of OTCs or ethicals through a wholesaler intermediary, or by an arrangement with a fellow pharmacist, he must buy and sell within the constraints of the law and according to the code of conduct of his Society.

The prime objective in highlighting and developing the partnerships that exist in the pharmaceutical distribution network, according to Mr Arthur Trotman, managing director of Independent Chemists Marketing Ltd, is the achievement of sales and profits growth, principally by stopping the swing of OTC sales away from the independent pharmacy to the multiple, and to the drug store, supermarket and the CTNs.

Mr Trotman said that with few exceptions, the more aggressive and competitive the OTC market, the worse the independent performed. "Nevertheless, the retail chemist's OTC sales in the UK are still very important to manufacturers, and continue to represent a very large and firm base on which the chemist can achieve sales and profit growth."

Mr Trotman put OTC sales through the independent at about £360m per annum and that of the ten largest multiples at £120m excluding Boots. He said that Numark's OTC buying power is second only to Boots within pharmacy with its members selling well in excess of £100m at rrp in 1982.

How to use house labels

Numark's manufacturing partners had little to fear from their range of house label products. "Our promotional policy is fashioned on the knowledge that not only do shops sell products, but *branded products sell shops*," said Mr Trotman.

A competitive pricing policy on top

selling brands was the key to creating a value for money image and the way to attract more customers and make more profit. By vigorously and competitively merchandising the top two or three selling brands in each product group, depending on the share of the market each holds, and then by putting in the house label range, "shelf warming also rans" that drag down the number of stock turns could be removed.

However, manufacturers had much to fear from the already high concentration of sales in multiple retail organisations. Particularly in the present trading environment of low profitability, static markets and fierce competition. Boots, with about 10 per cent of chemist shops, now hold around 50 per cent of all OTC sales made in all chemist shops in the country, said Mr Trotman.

Wholesalers take 80pc

The managing director of Macarthy's Pharmaceuticals, Mr Albert Slow, reviewed business trends and developments. At present more than 80 per cent of all products dispensed or sold through independent retail pharmacies were supplied through the wholesale distribution network, said Mr Slow.

The high cost of distribution related to a highly fragmented market both in terms of product and outlet, and made the wholesale channel the natural choice for the majority of manufacturers. "Manufacturers, wholesalers and retailers are partners of necessity rather



ICML managing director, Mr Arthur Trotman, sets the scene at the Numark Malta Convention.

than of rhetoric." However, Mr Slow said the retailer had to retain the right to choose his source of supply.

He said the breakdown of Resale Price Maintenance on ethicals had brought about a deterioration in service for the retailer and from fewer wholesalers. It was difficult to see any further possibility of increased discounts unless they were matched by a significant trade off in service levels. "It behoves us all to stand back and look where we are going," said Mr Slow.

Discounts accorded by wholesalers had been a contributing factor in sustaining marginal businesses recently, he said. "In 1982 there has been a net increase in the number of retail pharmacies, but this should not give us a sense of false security." Mr Slow believes future NHS income is more likely to "broadly match inflation" so that other avenues for development would have to be explored. Dispensing and counselling should provide a platform on which to build OTC sales.

Over the years OTC business had been lost because chemists had not been aggressive enough in terms of pricing and merchandising, but more particularly, because they had paid insufficient attention to environmental conditions for the customer. "... In the past decade enormous strides have been made, but the evidence is that much more needs to be done in the environmental area for our customers," said Mr Slow.

In order to capitalise on the buying power of a group like Numark, the chemist had to give promotions full

continued on p786

SCOTCHEM'83 THE SCOTTISH RETAIL CHEMISTS EXHIBITION
The McLellan Galleries, Sauchiehall St, Glasgow 10-12 July 1983.

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NUMARK MALTA CONVENTION

continued from p784

Identify with symbol group at POS

support at POS through price and merchandising and identify with advertising by displaying the group symbol.

Mr Slow said over 69 per cent of privately-owned pharmacies have selling areas of less than 500 sq ft. This means they have not sufficient space to distinguish between high and low volume products as they stock a 5,000 plus product range.

The solution was to acquire adjacent premises, move across the road into larger ones or to rearrange and extend on the existing site. But a proprietor had to decide whether the capital investment necessary to do this would provide an adequate return

Non-pecuniary profit

The non-pecuniary type of profit associated with partnerships in the broader sense were dealt with by Mr Gordon Applebe, head of the Law Department of the Pharmaceutical Society. By this he meant "associating with one another for the benefit of both." Mr Applebe said the views he gave were personal and that he would look at several types of partnerships: pharmacist with pharmacist, professional and commercial activities, the Pharmaceutical Society and its members, and that between the inspectorate and the pharmacist.

Pharmacy has the classic characteristics of a profession, Mr Applebe said. It had an intellectual discipline, a standard of knowledge, gave service and advice and had standards of conduct maintained by a body representative of its members. However, the existence of a body of *independent* private practitioners had been held to be essential in order that an occupation be truly regarded as a profession.

He said he had argued that the body corporate or, for example, a limited company, is an anathema to professionalism. "Suffice it to say that it must be undesirable for the profession of pharmacy in practice to be controlled by non-pharmacist principals and directors of companies."

Partnerships did not compromise Mr Applebe's concept of the independence of the practitioner because each partner was responsible for his own professional judgment and that of his partner, and exercised it, and their integrity, for the benefit of the patient/client and for each other. This was particularly apposite in England and Wales where in order for a partnership to legally own a pharmacy, *all*

the partners must be pharmacists, he said.

One could talk about the dichotomy in pharmacy — trade or profession — and whether it can be reconciled, he said. "Although there is an element of snobbery in it there is undoubtedly a difference between the trading outlook and the professional outlook."

Mr Appelbe said he did not regard pharmacy as a "trading profession" but rather as "mixed economy" involving both trade and professional work. Although he would like to see pharmacy and the pharmacist in a purely professional role he did not see this happening in his lifetime. "But that does not mean that mixed economy pharmacy cannot be run professionally..." Mr Appelbe said he was using the term in the general usage of the word rather than the peculiar definition which professions themselves use.

The alternative to legislation controlling standards within the profession was that all pharmacists exercised good personal attitudes in relation to professional standards and the standards of the pharmacies in which they worked, said Mr Appelbe. Commercialism and professionalism could co-exist. He said that having seen over half the pharmacies in Great Britain, the most profitable in pecuniary terms and the most professional are the same ones.

Turning to the partnership between the pharmacist and the Society he said it was the only body to represent *all* pharmacists, and that its chartered objects could be summarised as scientific, educational and the promotion of the profession. It ensured the welfare and protection of the public through the promotion and reputation of the profession itself. Its role did not include the protection or promotion of the *commercial* interests of *owners* of pharmacies whether they be corporate or individual.

As for the Society's inspectors, their prime duty was the enforcement of the law, but they also acted in partnership with the Society to ensure members exercised good professional practice — this was their professional role. In this inspectors could also act in partnership with pharmacists themselves.

Interdependence

Mr Richard Arnold, director, Association of the British Pharmaceutical Industry, looked at the relationship between manufacturer and community pharmacist. He set out how the ABPI operated, its aims and objectives and explained how generic substitution and parallel importing could upset partnerships between the DHSS and

the industry — manufacturers, distributors and community pharmacists.

From the manufacturers point of view, the community pharmacist was a key figure in ensuring the patient really got the medicine that he needed and that he was adequately guided in its proper use concluded Dr Arnold.

Successful partnerships

Mr Astill's paper followed on from two presentations detailing the information of two pharmaceutical partnerships and their methods of operation.

Mr Kenneth McKenzie and Mr George Kerr of Baptie & Campbell Ltd, run two pharmacies in Alexandria and Helensburgh in Scotland. Mr Kerr came into the partnership when Mr McKenzie was seeking to open up a second branch of the family business in Helensburgh: at the same time as the existing business was to be relocated because of the redevelopment of Alexandria.

Originally there were three partners, but one left. Mr Kerr and Mr McKenzie now operate as a "two-executive" partnership with specific and separate areas of responsibility. Up till now they have switched between branches but are now considering concentrating on one pharmacy each.



Dennis Jones is in partnership with Mr Brian Gray in Westbury, Wiltshire. They run a single business with a sales staff of ten including three dispensing technicians. There are always two pharmacists on duty (a third part-time pharmacist helps out) and there is a particular and determined counselling of all prescription patients.

Mr Jones says he and his partner have totally contrasting personalities, but they work together by sharing and allocating tasks within the business. "We believe only one can do the buying and that only one should keep the accounts," says Mr Jones.

Financial aspects

Mr Peter Cox, a director of Herbert Ferryman Ltd, spoke about the five sources of finance available to those wishing to open up, or expand businesses — own, family, non-family, the bank or finance house and public or private placings — and of the partnerships involved. ■

The profits and pitfalls of pharmacy partnership

Potential pitfalls for pharmacists in partnership were set before delegates by the director of the National Pharmaceutical Association, Mr Tim Astill. Before successes, profits, trials and tribulations can be shared the legal, financial and theoretical aspects of partnership need to be understood. Extracts from his paper follow.



NPA director Tim Astill presents his paper

A partnership can bring increased viability in a business or a combination of businesses. This comes about as a result of a better decision making process (two heads *are* better than one), a sharing of the burden of routine administrative work such as accountancy, stock control, buying, staff management policy, etc, and — by no means least — a sharing of the risks involved in running a business.

A partnership can, and usually does, give the individual partners more time than they would have had as sole business practitioners. This time can benefit the partners in two main ways. Firstly by permitting better fulfilment of the modern pharmacist's role. A pharmacist

and his partner and their staff are able to cope with busy dispensing periods without losing contact with their customers who come to them for advice about the correct choice and safe use of medicines. Secondly by allowing a measure of specialisation; each partner concentrating on a group of more or less specialist tasks all of which would have fallen on the shoulders of a single person had the business been owned and managed by a sole proprietor.

Financial considerations

It should be understood from the outset that the partners in a partnership pay tax at personal rates, not at the corporate

rates which apply to limited companies. To most of you that may be a statement of the obvious, but it is surprising how many people do not fully understand that basic distinction between a partnership and a company, a distinction which I will return to in a moment or two when I refer to some of the legal aspects of partnerships.

Anyone thinking of going into partnership should ensure the partnership agreement deals very clearly with the division of the partnership assets and also the division of the partnership profits. These may or may not be in the same proportions according to the wishes of the

Continued on p788

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All partnerships must end....

partners, but it is essential the partners fully understand the basis of their financial relationship with each other. It is particularly important that the partnership document deals with the division of assets when the partnership comes to an end, as all partnerships eventually must.

And a word of advice to pharmacy proprietors who are approaching retirement age and are thinking of bringing in a younger pharmacist as partner with a view to eventual succession. At first sight such an arrangement is extremely attractive, but it should never be forgotten the typical younger pharmacist has little or no capital to invest. Thus, if he is to buy a business, whether as partner or outright purchaser, he will only be able to do so either by borrowing money or by paying for the business out of the business' own profits.

If money is borrowed, it must be repaid and interest will need to be found in addition to the principal sum; these again can only come from within the business itself and so the "senior" of the partners must be prepared to pay the junior partner enough to enable the latter to buy the business and still have enough to live on. In other words, the business must be big enough not only to support two pharmacists but also to buy itself. This is largely a matter of simple arithmetic but it is an arithmetical process which many people do not undertake until it is too late.

And so to the law...

There are important differences between the legal systems operating in different parts of the United Kingdom... the difference between English and Scottish law is perhaps no better typified than in relation to partnerships. In England a partnership is not a corporate body; it does not have a legal existence separate from that of the individual partners and, so far as retail pharmacy is concerned, a business can only be run by a partnership consisting entirely of pharmacists.

In Scotland, however, a partnership is a body corporate, it does have a separate and continuing independent legal existence and, in Scotland, a partnership consisting of pharmacists and non-pharmacists is legally permitted to conduct a retail pharmacy business.

The English partnership is a relatively informal arrangement. In general, the partners have a tremendous freedom to decide how their dealings will be organised, and as they are not required by law to file accounts with Companies House, their business can be run much more confidentially than can that of a company. Despite this relative informality, it is important that every

partnership agreement is put in writing and it is equally important that all the partners understand precisely the terms on which the business is to be run.

There is nothing particularly specialised about a pharmaceutical partnership; any competent solicitor will be able to draw up a comprehensive partnership agreement. (But, with the possible exception of special arrangements to take account of the dissolution of the partnership). It is sometimes said that where a partnership is successful, regard need only be had to the partnership agreement when the partnership comes to an end. But never forget that sooner or later *every* partnership will come to an end for one reason or another.

Endings...

Often and regrettably it is the death of one of the partners that brings the partnership to an end, and it is here that special attention must be paid to the question of succession. As I have already said, in England and Wales a partnership may only lawfully conduct a retail pharmacy business if all the partners are pharmacists. It is thus not possible for one of the partners to bequeath his share in the partnership to an unqualified heir. If the share of the deceased partner has not been left to a pharmacist then some arrangement needs to be made for the other partner or partners to buy it: or for the business to be transferred to a company so the unqualified inheritors can remain part of the business ownership.

It is for this reason that partners in pharmaceutical partnerships often take out reciprocal life insurance policies, so that when one of them dies, the other has the cash to buy his share of the business.

I think the only other technical aspect of the partnership agreement that I need mention is the restrictive clause which purports to prevent either, or any of the partners, opening or being concerned in a business within a certain minimum time from the dissolution of the partnership. The agreement might, for example, provide that if any of the partners should leave the partnership he may not be involved in the running of a retail pharmacy business within five miles of the partnership business for a period of five years after he leaves.

Such restrictive provisions are notoriously difficult to enforce and should always be carefully drafted by a solicitor. The Courts will only enforce a restrictive agreement of this kind where they are satisfied it is no more onerous or restrictive than is necessary to protect the interests of the "dominant" party.

Legal identity

Unlike a company, a partnership has no separate legal identity of its own. Thus, a contract with a partnership is in reality and in law a contract with all the individual members of the partnership who become jointly and severally liable under the contract. Looked at from the point of view of the partners, if one of their number decides to abscond with a large part of the partnership's assets leaving the partnership in debt, the remaining partners will be individually liable for the total indebtedness of the partnership.

Limiting liability

There is, at present, no means whereby a partnership can limit its liability although the concept of a limited liability partnership is under discussion by politicians and senior civil servants. The concept of limited liability was at one time fairly academic because major creditors would always seek personal guarantees from the directors of small limited liability companies. The directors would thus remain personally liable if the company failed, notwithstanding the limit of liability written into the company's memorandum of association.

In recent years, however, credit has been much more readily available, especially from the clearing banks, and it is by no means uncommon for quite substantial sums to be lent to limited companies without any personal guarantees whatever being given. The directors and shareholders of such a company enjoy a considerable measure of protection against business failure, protection which is not available to the members of an unincorporated partnership.

Succession

Because a partnership has no separate legal personality, it has no perpetual succession in the way a company has. Where one of the partners dies, the partnership as a whole comes to an end and a new partnership is created. If the deceased partner is replaced, very careful consideration needs to be given to the terms and conditions on which the new member enters the partnership and, in particular, the amount to which he will contribute to the partnership's capital.

A mixed response at the closing session.



LETTERS

Long-service BPA?

Xrayser is quite correct to suggest that we are on sticky ground when we try to deprive leapfroggers of the BPA. Originally derived from fees, the BPA is by definition a payment for service: a service which all pharmacists, leapfroggers included, provide.

I believe that the best way round this problem is to adopt the system which serves GPs so well, namely to designate areas as open, intermediate or closed to new entrants. The only alternative is to provide inducements to open in poorly-served areas and disincentives elsewhere.

In the absence of legislation only financial penalties will deter leapfrogging and since, as agreed, deprivation of the BPA is both legally and morally questionable, why not grant a long service award instead? Ideally, this award would be funded by new Government money, but since we live in the real world, it will of necessity have to be obtained by relieving leapfroggers of a proportion of that very income they were quite happy to take from others.

Mr Allen (Letters, same issue) quite rightly points out that fees and on-cost both contributed approximately equal amounts to the balance sheet. However, what he fails to mention is that these amounts are not equitable between contractors because those with a low prescription through-put receive the bulk of their remuneration from on-cost, and those with a high dispensing turnover receive the bulk of their remuneration from fees. Since it is the latter who are more likely to be leapfrogged, it is absolutely imperative that the funding of the BPA, or long service award, comes from fees, not on-cost.

If one works from the premise that it doesn't matter to an established pharmacy whether fees are paid in full or in the form of part fees and part award, we can say that a change in our remuneration to, say, 75 per cent long service award and 25 per cent fees will activate the following:

1. Protection against leapfroggers.
2. A measure of protection against the movement of surgeries.

3. Ensure the rational distribution of pharmacies.

P. Melnick
Ilford, Essex.

Cut-throat BPA

I read with interest Mr A.D. Allen's sensible assessment of the proposed £5,000 Basic Practice Allowance ("LPC Lemmings," *C&D* April 23) and would like to add further food for thought for the "lunatic" LPC representatives who voted in favour of it.

If the £5,000 BPA comes into force, many of those pharmacists who are not now part of the current pharmaceutical "establishment", will be heading for the hills — quite literally. After all, a £5,000 addition to net profits, irrespective of script turnover, can transform all kinds of modest little businesses into quite lucrative enterprises.

Village grocers, small petrol stations, run-down sweets and tobacconists, etc., etc., can all be bought for a modest outlay and, provided they are more than 1km from the nearest chemist, they can be part-converted into a "pharmacy," thus pulling in the £5,000 jackpot.

Faceless Council

I agree with "Clovis" (*C&D* April 16) about the inefficiency of the Pharmaceutical Society.

Early in December I sent a letter to the chairman of the Ethics Committee about an apparent breach of ethics that affected me personally. The secretary of this Committee replied with his observations, and a promise that the chairman would see it. I waited until mid-March for some further acknowledgement — which was not forthcoming. Annoyed, I sent a letter marked "Personal" to the president of the Society. This was opened by another member of the staff — who replied with his assessment. Both officials might be correct, but I should have thought the elected members — who are supposed to be our friends — would reply with their own comments, as both letters were addressed to them.

So do we really need the expense of an election? I do not remember voting for

The fact that many of these so-called pharmacies will also be miles from the nearest doctor and will therefore dispense very few prescriptions is immaterial.

Therefore I wonder how long it will be before the DHSS sets a cut-off point (say 750, or 1,000 items per month) below which the BPA is not received? And how many of our "establishment" pharmacies will then howl in anguish to their LPCs at the removal of the prop from their declining, unsaleable and now unremunerative businesses?

And the bottom line for our profession's contract with the DHSS? Once again, I believe, we will see the old enemy win again. The leapfroggers will be doing the majority of the scripts at a reduced on-cost and without BPA. The old brigade will be dispensing fewer scripts and therefore not receiving BPA, whilst several hundred of our profession will be sitting out in the wilds of Devon and Cornwall, making a living out of postcards, souvenirs and Benson & Hedges, happy in the knowledge that they have, at last, escaped from a profession which was determined to commit suicide by letting amateurs negotiate with professionals for its living.

Incidentally, I have just cancelled the FPCs authority to take voluntary contributions from my monthly NHS cheque, in order to support my LPC. I do not see why I should buy the razor which is being used to cut my throat.

Peter Bebbington
Wolverhampton.

anyone last year who suggested we should be forced into a label-printing machine in such a short time. If Council members really represented the basic one-man shop they would have used gentle persuasion, rather than brute force. The manufacturers know this — and they are rushing model after model out at inflated prices. I wonder how many colleagues have been panicked into the purchase of a machine and now regret it?

In my opinion this should be a point all Council candidates should comment upon. Year after year, with very little change, these faceless people get elected, become blended into the background, lose their initiative and thus leave us in the present state of — what?

All anyone needs to open up a chemist shop (in its fancy name, community pharmacy) *anywhere*, is a tame MPS, a metal CD box and a fridge — plus the mechanical wonder of 1984. MPS - why?

Disillusioned voter

CHEMEX'83

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ABPI concern for UK industry's future

The Government has to decide whether the pharmaceutical industry has a future in the United Kingdom. That challenge was laid down last week by Mr Peter Cunliffe, president of the Association of the British Pharmaceutical Industry.

Speaking about the Greenfield report on prescribing at the Association's annual dinner, he said the secretary for social services had now taken sounding on Greenfield's recommendations and particularly on generic substitution. "We have made our submission, which is simply and unemotionally along the lines of whether or not this country wants a successful, high-technology industry like pharmaceuticals, which last year produced a contribution to the UK balance of payments over £600m," he said. If this industry, a classic example of what was once termed 'the white heat of technological revolution,' is allowed to crumble and disappear then what price biotechnology? What price the new high-technology industries in which the UK should be investing?

"We have tried, over the months, to present our case factually and soberly yet critics have accused us of hysteria. We have spoken of values when others have spoken only of price."

The three Rs

Mr Cunliffe referred to "the three basic Rs" of pharmaceuticals — research, risk and return on capital. Yet a string of major inventions over the past decade, and the fact that the top three major medicines in the world originated in the UK, were ignored; the fact that the research director of a distinguished member company received the Nobel prize last year went comparatively unnoticed.

The industry ran high risks and expected to be rewarded — a "carrot" in fact. But in the UK carrots were not for eating. "Take one bite and it is immediately pointed out that there are lots of industries which have not moved forward and so have not had a chance even to nibble. It is then alleged there must be something wrong with us if we have, by our own efforts, moved forward." Mr Cunliffe despaired of the attitude which said those who have got it right must have got it wrong.

Action on imports?

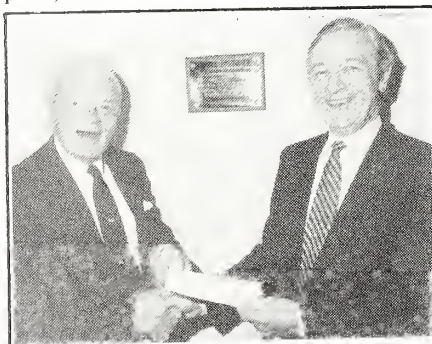
Medicines Act provisions relating to imports will continue to be enforced, but drug licensing cannot deal with the root

cause of parallel importing — pricing.

Professor Rosalinde Hurley, chairman of the Medicines Commission, made those points clear in her response to the ABPI president's toast to the guests. She said however that, while licensing could not deal with the cause, it could at least ensure that the patient was not at risk from such trade. Ministers were giving urgent consideration to proposals to place the licensing of parallel imports on a sound footing, but the position was complicated by the need to observe the requirements of the Treaty of Rome and the European Directives. "It is also important for us to avoid increasing the number of officials in Market Towers by establishing a new paper-bound system of control for which the whole industry will pay through licensing fees.

"In the meantime the provisions of the Medicines Act relating to imports will continue to be enforced. In cases where there is good evidence that unlicensed products have been imported contrary to those provisions, I am sure the Licensing Authority will not hesitate to prosecute those responsible." This was not a bureaucratic exercise but a matter of public safety.

"It has been alleged that provisions designed to ensure that small quantities of medicine only available abroad can be provided to individual patients are being exploited on a scale never intended. The Licensing Authority has been reviewing the position and hopes shortly to publish proposals to remove any doubt about the current regulations, and to ensure they are applied only to the small scale imports originally envisaged." (See Comment, p743).



Dr Jeffrey Fryer, managing director of Ciba-Geigy Pharmaceuticals (right), is shown here presenting British Heart Foundation chairman Sir Cyril Clarke with a £20,000 cheque for the furnishing and equipping of the foundation's new conference room.

Boots explosion raises the roof

An exploding reaction vessel took the roof from part of Boot's Island Street chemical works in Nottingham on Sunday.

The 500-gallon vessel was involved in the production of bromopol — a biocide used to prevent bacterial and mould growth in pharmaceuticals and cosmetics — and released a cloud of hydrogen bromide. Four people in the building and a motorist passing in an open car were treated in hospital for potential skin reaction after exposure, but all were released the same day. Debris from the explosion also went through the roof of a public house nearby.

A Boots spokesman told *C&D* there will be no supply problems since other vessels continue to manufacture the chemical and production was restarted on Monday. The company had made no estimate of the cost of the explosion as *C&D* went to Press.

Unichem HQ moves to Chessington

Unichem head office is moving to offices alongside the company's Kingston branch in Cox Lane, Chessington.

The move — over the May bank holiday weekend — will be carried out in two stages with 120 marketing, sales and administration staff transferring first, followed by computer departments later in the year. Soler Touriste, Unichem's travel department, is also moving to Chessington.

The new head office — Unichem House — forms part of a 6.5 acre site which the company bought after the Kingston branch fire in March 1982 (*C&D* April 13, p585). Unichem House is close to the A3 and main arterial roads. "The building has been substantially refurbished so our staff will have excellent working conditions which should meet our needs for many years," says management services director David Walker.

From May 3 correspondence to Unichem head office and Soler Touriste should be addressed to Unichem House, Cox Lane, Chessington, Surrey (tel 01-391 2323). Soler Touriste can be telephoned direct on 01-391 2525.

Oops!

An attack of the gremlins gave last week's *C&D* shopfitting profile of Stoffer & Hunter's pharmacy in Whitham, Essex a somewhat original sentence structure! Concerned readers are advised to mentally transfer the top three lines of column two to the foot of that column, at which point all should become clear.

Council court orders can stop Sunday trading

Local authorities are entitled to get court orders stopping shop hours rebels from "anticipated unlawful Sunday trading" the Appeal Court ruled on Tuesday in three test case appeals.

Lord Justice Lawton, presiding, said the common issue in the appeals was whether local councils could apply for court orders preventing Sunday trading, or were restricted to instituting prosecutions before magistrates.

Some local authorities did what they could within their resources to curb unlawful trading. Others did little, if anything. However, it was in everyone's interest particularly in urban areas — that a local authority should do what it could within its powers to establish and maintain the ambience of a law-abiding community.

Employment of shop inspectors and other employees week after week to check on shops advertising Sunday opening was a waste of manpower and money. The cost of prosecution offenders was not always covered by orders for costs made by magistrates, said the Lord Justice.

'Injunctive relief'

It follows in my judgment that all local authorities who give thought to these factors and satisfy themselves, on reasonable grounds and adequate evidence, that an injunction is the only way of stopping anticipated offences — amounting deliberately and flagrantly

to flouting the law — may use their powers under the 1950 Act to apply for injunctive relief.

The court allowed, with costs, an appeal by Wolverhampton Borough Council against a High Court judge's decision that they had no power to apply for a Sunday trading ban against B&Q (Retail) Ltd. The appeal judges dismissed, with costs, B&Q's appeal from a High Court injunction granted to Stoke-on-Trent Council banning them from trading on Sundays.

In the third case Home Charm Retail Ltd were successful in their appeal from an injunction granted to Barking and Dagenham (Essex) Council on January 11, preventing them from trading on Sunday. The appeal judges ruled that no proper authority had been given by the council to start proceedings. B&Q were refused leave to appeal to the House of Lords.

24-hour trading

Britain's shopworkers this week reaffirmed their total opposition to 24-hour trading "in any shape or form". The Union of Shop, Distributive and Allied Workers annual conference passed a resolution urging the executive to "oppose by all methods at its disposal the introduction of this evil prospect."

The John Magee (Greater Midland Co-op branch) said that members in large stores were being "used and abused" in relation to 24-hour trading. The suggestion that unrestricted trading would create jobs was absolute rubbish, he said. This would lead to unacceptable shift work, with very little extra remuneration.

Mr Roy Tansley, seconding, said there had been a tremendous increase in Sunday openers. If employees showed an interest in joining a trade union, they were quickly shown the door.

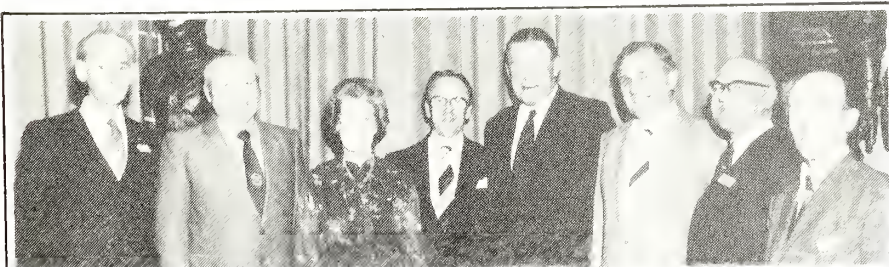
shown real growth however, despite intense competition.

Health food retail chain Holland & Barrett are said to have traded slowly at the beginning of the year, but "an aggressive and successful" marketing campaign helped push them firmly ahead in the second half.

Booker's health products division — of which Kingswood and Holland & Barrett are a part — suffered a drop in profits in 1982, falling to £2.2m from the previous £3m (C&D April 2, p591).

Profits slip back at Kingswood

Booker McConnell's annual 1982 report shows Kingswood Chemists' profit to have slipped back in "another difficult trading year for retail pharmacy." A decline in the number of prescriptions dispensed, together with current Government policy, is blamed for further erosion in NHS prescription margins. Kingswood's OTC sales are said to have



Allen & Hanburys once again paid tribute to their long-service personnel at a dinner last week, welcoming nine new members to the "veterans" on completion of 25 years with the company. Pictured here are other staff who this year completed 35 years' service, together with "veterans" president Mr R. D. Smart (centre right)

Lolthouse of Fleetwood directors Tony, Doreen and Duncan Lolthouse celebrate the company's receipt of a Queen's Award for Export (C&D last week). A local Fleetwood trawler — emblem of the company on its Fisherman's Friend throat lozenges — provided an appropriate venue



Record aerosol fillings in 1982

Total UK aerosol fillings for 1982 were the highest for four years, reaching record levels for pharmaceuticals and personal products, according to statistics issued this week by the British Aerosol Manufacturers' Association. An estimated total of 528 million aerosols were filled — only 6.3 per cent less than 1978's record of 563.5 million, and an increase of 7.9 per cent against 1981.

BAMA attribute the growth to steady production increases in nearly all categories. The household sector is said to have done particularly well, with increases in all product types. For example, air freshener fillings rose by 54 per cent compared with 1981 figures — equalling 1980's record of 37 million units.

Deodorants and anti-perspirants achieved a total of 79 million units filled — an increase of 9 per cent compared with 1981's peak. Filling records were also broken in the third largest category of aerosols — medicinal and pharmaceuticals. An increase of nearly 13 per cent compared with fillings in 1981 was recorded, the total number of unit fills amounting to 52.5 million.

"This year's figures prove to be most encouraging to the UK aerosol industry," says BAMA. "Despite continuing adverse economic conditions, an impressively strong market has been maintained with exports reaching 125 million units during 1982 — 23.6 per cent of total aerosols filled during the year."

Retail prices

The Department of Employment's March retail prices index for all items was 327.9 (January 1974 = 100). This represents 0.2 per cent increase on February 1983 (327.3) and an increase of 4.6 per cent on March 1982 (313.4).

More Business News overleaf

NCT warns of 'shopping deserts'

Britain's High Streets are in danger of becoming "shopping deserts" if the current boom in cash and carry warehouses is allowed to continue, the National Chamber of Trade were told this week.

Don Greenwood, vice president of Hillingdon Chamber of commerce, told delegates at the NCT's annual conference in Buxton the trend towards out-of-town superstores could lead to more independent retailers going bust, and would thus result in a lack of choice for the public. Mr Greenwood said the problem had been created by traders and consumers alike, who were more interested in getting a bargain than considering the consequences.

Portable tablet counter from Seton

Seton Products have launched a new digital electronic counter to assist the pharmacist with tablet and capsule dispensing. Called Port-o-count, the unit gives a quick and accurate count at the touch of a button, says the company.

Any container — either the tray supplied or a tablet bottle — is tared and a sample of five of the items to be counted (10 in the case of small tablets) placed in

it. The balance calculates and averages the sample (variation of + / - 4 per cent on a sample of five. Sensitive to 0.05g). An automatic readout is given on a liquid crystal display as further items are added.

If the dispensing operation is interrupted the balance continues to display. The sample average is retained in the memory for batch counting of tablets. The taring operation is "prompted" by instructions on the display.

The balance operates from either mains or batteries and measures $5\frac{3}{4} \times 7\frac{1}{2} \times 2\frac{1}{2}$ in high. Priced at around £400, the Port-o-count is backed by a one year warranty and an optional five year insurance plan. *Seton Products Ltd, Tubiton House, Oldham, Lancs.*

Briefly

■ **Baird Pharmaceuticals'** new ethical production plant at Science Park, Cambridge is nearing completion. The complex is due to be handed over to the company in June, when Bard's existing plants in West Drayton and Aberdeen will close down.

■ **Department of Trade** has produced a new retailer guide to the law covering the supply of goods and services. "A Trader's Guide" sets out the retailer's responsibilities, covering subjects such as consumer protection legislation, manufacturers' guarantees and action to be taken when defective goods are returned. Copies of the leaflet are available free from *DoT, room 207, Gaywood House, 29 Great Peter Street, London.*

The National Pharmaceutical Association show in Edinburgh on May 15, at the Royal Highland and Agricultural Society showground (9am-6pm), promises to have one of the largest ever displays of computer labelling equipment.

The following suppliers will be demonstrating equipment: Border Computing, Park Systems, P. Williams, Pharmaceutical Computer Systems, J. Richardson, Squirrel Computers, Medpharm Systems, Pharmarm, IRCS, Olivetti, ICML, Bedford Microcentre, Orange Computers, Micro Change Ltd, Aarifa Software Pharmed, Vestric, Medisco Medical Systems, Edinburgh Computers Ltd.

Wednesday, May 4

London Chemists' Golfing Society, Sunningdale. Tournament for Aspro Bowl, Hepburn Shield and Jubilee Vase. Inquiries to Mr T. Loveridge, telephone (0628) 22855.

Reading Branch, Pharmaceutical Society, Postgraduate centre, Royal Berkshire Hospital, at 7.30pm. General meeting followed by social evening.

Worthing Branch, Pharmaceutical Society, Worthing Postgraduate medical centre, Homfield Road, Worthing, at 8pm. Postgraduate lecture on "Angina Pectoris and treatment" given by Mr D. Salway.

Thursday, May 5

Society of Cosmetic Scientists, Blossoms Hotel, St John Street, Chester, at 6.30pm. Dr C. Prottey, Unilever Research, Port Sunlight Laboratory, gives the Northern Lecture on "The problems of evaluating the effects of products upon the skin". Open meeting.

Advance information

Autumn Gifts Fair, Mount Royal Hotel, Marble Arch, London W1, from Sunday, September 4 to Wednesday, September 7. Further details from Trade Promotion Services Ltd, Exhibition House, 6 Warren Lane, London SE18. Telephone 01-855 9201.

APPOINTMENTS

■ **J.J. Silber Ltd**: Nick Edwards has been appointed Midlands area manager.

■ **Fabergé UK**: Peter Rolfe is to be appointed marketing manager, based at the company's headquarters in Iver, Bucks.

■ **Wilkinson Sword Ltd**: Christopher Musgrove has been appointed shaving division regional sales manager for Scotland and the North of England.

■ **Richard Daniel & Son Ltd**: Frank Worrall is appointed operations manager, responsible for the company's Derby wholesaling and Numark franchise operations.

■ **Dylon International**: John Barnett is appointed sales representative for Norfolk and Suffolk, as well as parts of Hampshire, Bedfordshire, Lincolnshire, Cambridgeshire, Hertfordshire and Essex.

■ **Pharmax Ltd**: Richard Hart has been appointed to the newly-created post of OTC manager. This follows a company decision to promote more heavily their counter prescription lines. Mr Hart joins the company from Bayer UK.

■ **LRC Products Ltd**: Neil James is appointed marketing manager, responsible for diaphragms, spermicides and new product development in contraceptives. Mr James was previously international product manager at Eli Lilly and, prior to that, contraceptive product manager with Searle Pharmaceuticals.

■ **Chemical Industries Association**: The following representatives of member companies join the CIA council: Wim van Asselt, UKF Fertilisers Ltd; Bill Gerard, Roche Products Ltd; G. Vernon Hopwood, Lilly Industries Ltd; Hugh Jones, Air Products Europe Inc; John Webb, Bayer UK Ltd.

■ **Max Factor Ltd**: Mr Hugh G.C. Wickes has been appointed as marketing director in succession to Mike Widdis who recently resigned from the company. Mr Wickes was previously marketing directing (UK and Europe) with Fabergé Inc, prior to which he held the post of deputy managing director (UK and Eire), Revlon International. He has also held senior positions in Rubinstein, Gillette and Coty.

■ **Braun UK Ltd**: Peter Davies is to become sales director on May 1. He succeeds Mike Fraser who moves to Singer UK on that date. Mr Davies joined Braun as national accounts manager in 1978. Prior to that he was general sales manager with Optrex and, earlier, national accounts manager at Gillette. Tony Cosgrove replaces Mr Fraser as national accounts manager. He has been with Braun for nine years, and was previously northern divisional sales manager.

COMING EVENTS

Computermania

The Bristol branch of the Pharmaceutical Society has organised an exhibition of computer labelling systems, open from 5.30pm onwards on May 5, at the Postgraduate Medical Centre, Frenchay Hospital, Bristol.

The Computer labeller road show moves on to Bradford on May 8, en route to the NPA show in Edinburgh the following week.

The Bradford University School of Pharmacy has organised a one-day exhibition in the laboratories at the school on Sunday, May 8 open from 11am to 4pm, admission free. Some 15-20 systems will be displayed and additionally other uses of computers in pharmacy will be demonstrated. Light refreshments will be available, and there is an extensive choice of restaurants and bars close to the university for lunch. Inquiries to *Drs Booth, Linley or Perrett, School of Pharmacy, University of Bradford, Bradford, Yorkshire BD7 1DP (telephone (0274) 733466 ext 236).*

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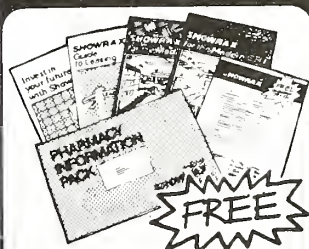
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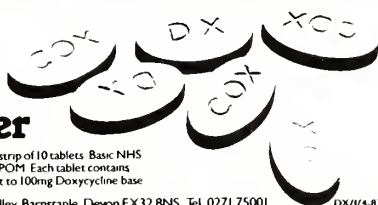
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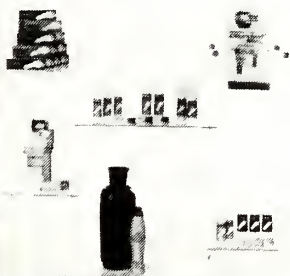
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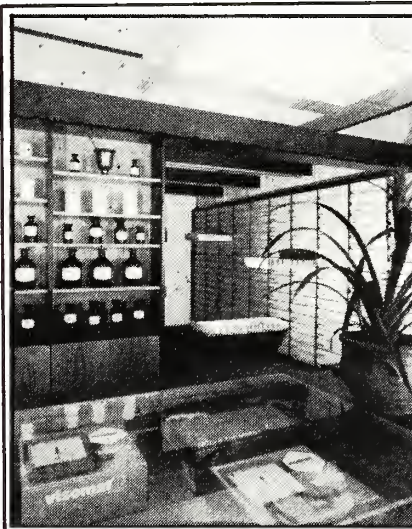
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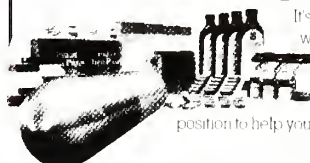
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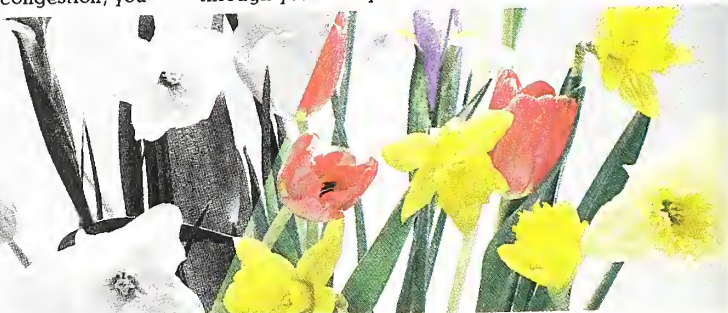


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